2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P13306

FILED Jul 14, 2009 Secretary of State

Entity Name: ARANON CORPORATION		,
Current Principal Place of Business:	New Principal Place o	of Business:
285 W 74 PLACE HIALEAH, FL 33014 US		
Current Mailing Address:	New Mailing Address	:
285 W 74 PLACE HIALEAH, FL 33014 US		
FEI Number: 23-2058612 FEI Number Applied For () FE	l Number Not Applicable()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of	New Registered Agent:
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US		
The above named entity submits this statement for the purpo in the State of Florida.	se of changing its registered	office or registered agent, or both,
SIGNATURE:		
Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS
Title: C () Delete	Title: C	(X) Change ()Addition

WOLMAN, PHILIP Name: **PHILIP** Name: 285 W. 74TH PLACE Address: 285 W. 74TH PLACE Address: City-St-Zip: HIALEAH, FL 33014 US City-St-Zip: HIALEAH, FL 33014 US Title: () Delete Title: (X) Change () Addition MESSA, ROBERT Name: ROBERT Name: Address: 285 W. 74TH PLACE Address: 285 W. 74TH PLACE HIALEAH, FL 33014 US HIALEAH, FL 33014 US City-St-Zip: City-St-Zip: Title: Title: V () Delete (X) Change () Addition Name: **JEFFRY** Name: MARTIN, JEFFRY 285 W. 74TH PLACE Address: 285 W. 74TH PLACE Address: City-St-Zip: HIALEAH, FL 33014 US City-St-Zip: HIALEAH, FL 33014 US Title: () Delete Title: (X) Change () Addition CYNTHIA WOLMAN, CYNTHIA Name: Name: 285 W. 74TH PLACE Address: Address: 285 W. 74TH PLACE City-St-Zip: HIALEAH, FL 33014 US City-St-Zip: HIALEAH, FL 33014 US Title: Title: (X) Change () Addition () Delete WOLMAN, LISA M Name: LISA Name: Address: 285 WEST 74TH PLACE Address: 285 WEST 74TH PLACE HIALEAH, FL 33014 US City-St-Zip: HIALEAH, FL 33014 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP WOLMAN C 07/14/2009