FILED
Apr 12, 2004 8:00 am
Secretary of State
03-12-2004 90006 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000032029

1. Entity Name

ARLEISA, INC.

Principal Place of Business	Mailing Address
1201 SW 8TH ST SUITE 4 MIAMI FL 33135	1201 SW 8TH ST SUITE 4 MIAMI FL 33135

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0507899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARIAS, ADOLFO 1201 SW 8TH ST SUITE 4 MIAMI FL 33135	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ramon Dauticota DIRECTOR-MANAGER 3-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE: $150.00
After May 1, 2004 Fee will be $600.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPS NOGUES, LINA 1201 SW 8TH STREET - SUITE4 MIAMI FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPS NOGUES LINA 1201 S.W. 8TH St. SUITE 4 MIAMI FL 3313S ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GARCIA, ISABEL 1201 SW 8TH STREET - SUITE 4 MIAMI FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GARCIA ISABEL 1201 S.W. 8TH St. SUITE 4 MIAMI FL 3313S ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ARIAS, ADOLFO 1201 SW 8TH STREET - SUITE 4 MIAMI FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ARIAS ADOLFO 1201 S.W. 8TH St. SUITE 4 MIAMI FL 3313S ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRADAZ, LEONEL JR 1201 SW 8TH STREET - SUITE 4 MIAMI FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRADAZ LEONEL JR 1201 S.W. 8TH St. SUITE 4 MIAMI, FL 3313S ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FDEZ, SARA 1201 SW 8TH STREET - SUITE 4 MIAMI FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FDEZ SARA 1201 S.W. 8TH St. SUITE 4 MIAMI FL 3313S ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FONTICOBA, RAMON 1201 SW 8TH STREET - SUITE 4 MIAMI FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER-PRESIDA RAMON FONTICOBA 1201 SW 8ST #4 MIAMI FLA 33135 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ramon Dauticota