


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90110 024 ***150.00

DOCUMENT # P94000032029		
1. Entity Name ARLEISA, INC.		

Principal Place of Business 1201 SW 8TH ST SUITE 4 MIAMI, FL 33135	Mailing Address 1201 SW 8TH ST SUITE 4 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE

4000100



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0507899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ARIAS, ADOLFO 4201 SW 8TH ST SUITE 4 MIAMI, FL 33135	

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NOGUES, LINA 1201 SW 8TH STREET - SUITE 4 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, ISABEL 1201 SW 8TH STREET - SUITE 4 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARIAS, ADOLFO 4201 SW 8TH STREET - SUITE 4 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRADAZ, LEONEL JR 1201 SW 8TH STREET - SUITE 4 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FDEZ, SARA 1201 SW 8TH STREET - SUITE 4 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTICOPA, RAMON 1201 SW 8TH STREET - SUITE 4 MIAMI, FL 33135

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Adolfo Arias 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #