

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000032029

1. Entity Name
ARLEISA, INC.



Principal Place of Business

**5591 SW 7 ST
MIAMI, FL 33134**

Mailing Address

**5591 SW 7 ST
MIAMI, FL 33134**

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

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

**ARIAS, ADOLFO
5591 SW 7 ST
MIAMI, FL 33134**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 5591 SW 7 ST MIAMI, FL 33134
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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03/20/07-80066-021 150.00

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

1/24/07
Date

Daytime Phone #