

2005

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Aug 08, 2005 8:00 am  
Secretary of State

08-08-2005 90046 042 \*\*\*550.00

DOCUMENT # P94000087408
1. Entity Name Aremar Trading Corp.

DO NOT WRITE IN THIS SPACE

50060357

2. Principal Place of Business 7300 N.W. 12th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222	Country USA	3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222	Country USA
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DO NOT WRITE IN THIS SPACE	
4. FEI Number 65-0534775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name del Valle, Manuel R.	
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.	
Suite 101	
City Miami	FL Zip Code 33126-1222

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$500.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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	D/P/S/T Ravelo, Rafael Calle Gracita Alvarez 16, Apt. 10B Sur Sto. Dom., Dominican Republic	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Rafael Ravelo</u> Rafael Ravelo	8/4/05	809-562-1694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #