


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000043892
 1. Entity Name
 ARISTA MANAGEMENT GROUP SOUTH, INC.



Principal Place of Business Mailing Address
 13460 SW 10 STREET 13460 SW 10 STREET
 SUITE 101 SUITE 101
 PEMBROKE PINES, FL 33027 US PEMBROKE PINES, FL 33027 US

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0583967 Not Applicable

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

6. Name and Address of Current Registered Agent
 DAVIS, CHARLES W.
 13460 SW 10 ST.
 SUITE 101
 PEMBROKE PINES, FL 33027

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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: *Charles W Davis* DATE: *1/12/2004*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PSD DAVIS, CHARLES W 13460 SW 10 ST. SUITE 101 PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVIS, JULIE 13460 SW 10 ST SUITE 101 PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST THOMPSON, LAURA 13460 SW 10 ST. SUITE 101 PEMBROKE PINES, FL 33027
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/20/04-80046-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Charles W Davis Pres* DATE: *1/12/2004* DAYTIME PHONE: *954-436-5888*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR