

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90518 040 ***150.00

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1. Entity Name
AROL CORPORATION



Principal Place of Business

**6485 SW 120TH AVE
SUITE 126-U
MIAMI, FL 33183 US**

Mailing Address

**6485 SW 120TH AVE
MIAMI, FL 33183 US**

50045411



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0615888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ DE BARREIRO, OLGA
6485 SW 120TH AVE.
MIAMI, FL 33183**

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARREIRO, ARTURO
STREET ADDRESS	P.O. BOX 363633
CITY-ST-ZIP	SAN JUAN, PR 00936
TITLE	T
NAME	LOPEZ DE BARREIRO, OLGA
STREET ADDRESS	6485 SW 120TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	LAGE, GONZALO R
STREET ADDRESS	3750 WEST 16 AVE., SUITE 126-U
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #