
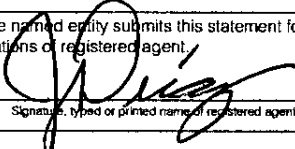
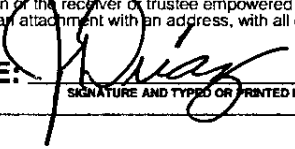


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P95000094648</b> 1. Entity Name <b>ARIE MAINTENANCE SERVICES, INC.</b>			FILED 04 MAY -7 AM 10:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>20410 N.E. 20TH COURT N MIAMI BEACH, FL 33179</b>		Mailing Address <del>20410 N.E. 20TH COURT N MIAMI BEACH, FL 33179</del>	
2. Principal Place of Business <b>303 NW 7 ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>303 NW 7 ave.</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33168</b> Country		City & State <b>Miami, FL</b> Zip <b>33168</b> Country	
4. FEI Number <b>65-0633386</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARKOWITZ, ARIE 20410 N.E. 20TH COURT N MIAMI BEACH, FL 33179</b>		7. Name and Address of New Registered Agent Name <b>Juana Diaz</b> Street Address (P.O. Box Number is Not Acceptable) <b>303 NW 7 ave.</b> City <b>Miami</b> FL Zip Code <b>33168</b>	
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  DATE <b>05-06-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <b>MARKOWITZ, HEDY</b> <b>20410 N.E. 20TH COURT</b> <b>N MIAMI BEACH, FL 33179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PSTD) <b>Juana Diaz</b> <b>303 NW 7 ave</b> <b>Miami, FL 33168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>05-06-04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	