



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90046 019 ***150.00

DOCUMENT # P96000104222 1. Entity Name ARISTA ENTERPRISES, INC.					
Principal Place of Business 1604 S.W. ST. ANDREWS DRIVE PALM CITY, FL 34990 <i>69 Mohican Way</i> <i>Melbourne Beach FL 32951</i>		Mailing Address 1604 S.W. ST. ANDREWS DRIVE PALM CITY, FL 34990 <i>69 Mohican Way</i> <i>Melbourne Beach FL 32951</i>			
2. Principal Place of Business Suite, Apt. #, etc. <i>69 Mohican Way</i> City & State <i>Melbourne Beach FL</i> Zip <i>32951</i> Country <i>USA</i>		3. Mailing Address Suite, Apt. #, etc. <i>69 Mohican Way</i> City & State <i>Melbourne Beach FL</i> Zip <i>32951</i> Country <i>USA</i>			
4. FEI Number 65-0721277		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FUSSCAS, J. PETER 1604 S.W. ST. ANDREWS DRIVE PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name <i>J. Peter Fusscas</i> Street Address (P.O. Box Number is Not Acceptable) <i>69 Mohican Way</i> City <i>Melbourne Beach</i> FL Zip Code <i>32951</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FUSSCAS, J. PETER 1604 S.W. ST. ANDREWS DRIVE <i>69 Mohican Way</i> PALM CITY, FL 34990 <i>Melbourne Beach FL 32951</i>		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	
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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)(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: <i>J. Peter Fusscas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>J. Peter Fusscas</i> Date		<i>4-10-04 321 727-7923</i> Daytime Phone #