2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000003145

Entity Name
ARDEN DEPOT CORP.

Principal Place of Business
19000 SW 192 ST.
MIAMI, FL 33187

Mailing Address
19000 SW 192 ST.
MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0773530

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DANIEL M
19000 SW 192 ST.
MIAMI, FL 33187

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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, 2006 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000098114
01/30/06-80082-009 150.00

OFFICERS AND DIRECTORS

DP
RODRIGUEZ, ALBERTO
30646 SW 193 AVE
HOMESTEAD, FL 33030

DV
RODRIGUEZ, ESTEBAN
16451 NW 84 AVE.
MIAMI, FL 33016

DT
RAMALLO, ANA T
641 SW 125 AVE
MIAMI, FL 33184

DS
RODRIGUEZ, DANIEL M
7560 SW 67 ST
MIAMI, FL 33143

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #