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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700066466

1. Entity Name

ARENAS INSURANCE AGENCY, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90243 012 ***150.00

Principal Place of Business Since									1					
2. Principal Piece of Business IHO Learning line Dr. S. Mailing Antiques Suite, Act. v. etc. Holl Learning line Dr. Suite, Act. v. etc. Holl Learning line Status Desired S8.75 Addictional line Status Desired S8.75 Addictional line Status Desired Name and Address of Current Registered Agent Name H. L. etc. Holl S. A. Street Andress (F. D. M. etc. Learning line Dr. MIAMI FL. 33142 City Miami Like C. F.L. Z. Copids Learning line Status line Sta	<i>,</i>													
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prised name of registered agent agent and see it applicable. PILE NOW!!! FEE IS \$150.00 After Mey 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PO ARENAS, ILDELISA STRETA DORESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ARENAS, ILDELISA STRETA DORESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ARENAS, ILDELISA STRETA DORESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ARENAS, ILDELISA STRETA DORESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRETA DORESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRETA DORESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRETA DORESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRETA DORESS CITY-ST-2P TITLE NAME STRETA DORESS CITY-ST-2P Delete TITLE NAME STRETA DORESS CITY-ST-2P ADDITIONS/CHANGES TO DOR. TO DOR. TO DOR										<u>CA 1111 (3 177)</u>	<u> </u>			
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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:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03 (305) 821-1044

Daytime Phone #

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