FILED Apr 02, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106 245 1. Entity Name ARAFL MANAGEMENT CORP. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address				04-02-2002 90111 035 ***150.00		
				3, 32, 233	2 7 0 1 1 1 0 2	150.00
				B0056816		
395 HOLY DRIVE Suite, Apt. #, etc.		395 MILY DRIVE Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State EAST NORTH PORT , NY		City & State EAST NORTH PORT, NY		4. FEI Number 58-2442332		Applied For Not Applicable
Zip 1173	Country U.S	Zip //731	Country V. S	5. Certificate of Status Desired	□ \$8	3.75 Additional e Required
				7. Name and Address of Current		
			Name PE	TER POMARO		
	DO NOT W		Street Address	(P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE	149	91 GINGER MUENUE		
			City Co Co	ur creek	FL	Zip Code
9. The above	named entity submits this statement for	the purpose of changi				33063
•						
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable.	INOTE: Registered Agent regnature required	I when leinstating:	DATE	
9. This corpo	pration is eligible to satisfy its Intangible	January	1 - May 1 Fee is \$150.00			
Tax filing requirement and elects to do so.			May 1, Fee is \$550.00 ended UBR is \$61.25	10. Election Campaign Fina Trust Fund Contribution		\$5.00 мау Ве
	ria on back)	Make Check P	ayable to Department of Sta	te :		Added to Fees
11.	OFFICERS AND D	DIRECTORS	THE STATE OF THE S	The fall of the property of the first of the	Particletelle Colorada	Grand Carling Continues of the Continues
NAME	AMENDOLA ANN 395 HOLLY DR		NAME TO BE THE TANK OF THE PARTY.			
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TITLE			THE CONTRACT	one de la companya d La companya de la co		The country of the property of the country of the c
NAME		•	NAME			
STREET ADDRESS CITY-ST-ZIP	•		STREET ADORESS CITY_ST_ZIP			
13. [hereby c	ertify that the information supplied with the	his filing does not quali	by for the exemption stated in Sou	ction 119.07(3)(i) Finrida Statutos 1.6	wither cartiful	nat the information
of the corp	on this report or supplemental report is to poration or the receiver or trustice emport at with an address, with all other like emp	wered to execute this i				
SIGNATURE: 3/20/02 SIGNATURE: Designation of Signing Officer or Director Signature: Date of Signing Officer or Director						