2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # P9900063872 1. Erkity Name ARIAS INTERNATIONAL COMPANY							01-29-2007	90095 (014 ***15	0.00	
Principal Place of Business 55 WESTON RD. #320 WESTON, FL 33326		Mailing Address 435 SOMERSET WY WESTON, FL 33326				4 1 11 11051 NO	600093	IN 88118 B 1188 .	HOY HOW FEDTO AS	1 101 1.51 10 1 1	
2. Principal Place of Business - No P.O. Box # 711 Shotqua Rb		3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01102007	Chg-P	CR2E0	34 (12/06)		
City & Stat	rise	City & State				4. FEI Number 65-0934				plied For Applicable	
Zip	rida 33326	Zip	rv			f Status Desired		\$8.75 Add Fee Require	litional		
	6. Name and Address of Current I	Registered Agent				7. Name and	Address of New F	Registered .	Agent		
ARIAS, YESID 55 WESTON RD. STE. 320			<u></u>	Name Street A		(P.O. Box Number is Not Acceptable)					
WESTON,	FL 33326			711 Shot Gun RD							
				City Survise FL Zip Code 3332						326	
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or	registere	ed agent, or both	, in the State of FI	orida. I am	familiar with,	and accept	
SIGNATURE_	Signature around or printed name of registered agent a	and title if applicable. (NOTE	E Registered	Agent signate	ure required	when reinstating)			17/0	7_	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campai Trust Fund Contr		cing	\$5. 0 Adde	00 May Be d to Fees					
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARIAS, YESID 55 WESTON RD., #320 WESTON, FL 33326	☐ Delete		t address St-Zip	DP Ari	as, yes Shotgur	D 2 RD FL 333	26	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OROZCO, ELIZABETH 55 WESTON RD., #320 WESTON, FL 33326	□ Delete		T ADDRESS ST-2IP	DS 00021 711 :	co, Eliza Shotgur	beth		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate		T ADDRESS ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete		T ADDRESS ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	1	T ADDRESS ST-ZIP					☐ Change	Addition	
12. Thereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	or the exe	mptions c	ontained ave the s	in Chapter 119, ame legal effect	Florida Statutes, as if made under	I further cer	tify that the in	or director	

12. Thereby certify that the information supplied with this filling does not quality 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: Elizabeth On a	11.7	67	<u> </u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	O'ate /		Daytime Phone #