

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-29-2007 90095 014 ***150.00

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DOCUMENT # P99000063872					
1. Entity Name ARIAS INTERNATIONAL COMPANY					
Principal Place of Business 55 WESTON RD. #320 WESTON, FL 33326			Mailing Address 435 SOMERSET WY WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 711 Shotgun RD		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunrise Florida		City & State Sunrise Florida		4. FEI Number 65-0934807	
Zip 33326		Country 33326		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARIAS, YESID 55 WESTON RD. STE. 320 WESTON, FL 33326			7. Name and Address of New Registered Agent Name: Arias, YESID Street Address (P.O. Box Number is Not Acceptable): 711 Shotgun RD City: Sunrise FL Zip Code: 33326		
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: DATE: 1/17/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME ARIAS, YESID STREET ADDRESS 55 WESTON RD., #320 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE DP NAME Arias, YESID STREET ADDRESS 711 Shotgun RD CITY-ST-ZIP Sunrise, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME OROZCO, ELIZABETH STREET ADDRESS 55 WESTON RD., #320 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE DS NAME Orozco, Elizabeth STREET ADDRESS 711 Shotgun RD CITY-ST-ZIP Sunrise, FL 33326	<input checked="" 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	
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	
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	
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	
12. 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:			Date: 1/17/07 Daytime Phone #		