

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000074703

1. Entity Name  
ARIOR, INC.



Principal Place of Business  
3531 GRIFFIN ROAD  
FT. LAUDERDALE, FL 33312

Mailing Address  
3531 GRIFFIN ROAD  
FT. LAUDERDALE, FL 33312

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2354663

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

HAGEN, MAX M ESQ.  
HAGEN & HAGEN, P.A.  
3531 GRIFFIN ROAD  
FT. LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	POLANI, LERON
STREET ADDRESS	3531 GRIFFIN ROAD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000252143  
03/05/05-80014-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #