

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90208 018 ***150.00

DOCUMENT # P99000076666

1. Entity Name
ARETAMA MANAGEMENT, INC.



Principal Place of Business

**1290 WESTON RD.
SUITE 310
WESTON, FL 33326 US**

Mailing Address

**1200 NE 20TH STREET
MIAMI, FL 33179**

44044084



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1290 Weston Rd.

Suite, Apt. #, etc.

Ste #310

City & State

Weston FL

Zip

33326

Country

USA

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0945655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, EDGAR J
1290 WESTON RD. STE. 310
SUITE 106
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name

Lopez, Carlos E.

Street Address (P.O. Box Number is Not Acceptable)

1290 Weston Rd Ste 310

Ste #106

City

Weston

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

Carlos Lopez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOPEZ, EDGAR J	
STREET ADDRESS	1290 WESTON RD. STE 310	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOPEZ, CARLOS E	
STREET ADDRESS	1290 WESTON RD. STE 310	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez, Carlos E.	
STREET ADDRESS	1290 Weston Rd. Ste 310	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Florez, Camila	
STREET ADDRESS	1290 Weston Rd Ste 310	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #