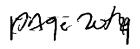


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000102844 1. Entity Name ALBERTO & ARZA CORP.						0	FILE		0 3		
2460 SW 27TH AVENUE			Mailing Address 2460 SW 27TH AVENUE MIAMI, FL 33145				ECRETANY / LLAHAS EE,				
Principal Place of Business 3.				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			05042004	Chg-P	CR2E03	34 (10/03)	
City & State				City & State			4. FEI Numb				oplied For of Applicable
Zip		Country		Zip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Add ee Require	
		and Address of Curr	ent Regi:	stered Agent		Name	7. Name and	Address of New R	egistered A	gent	
MARRERO, ALBERTO W 2460 SW 27TH AVENUE MIAMI, FL 33145						Street Address (P.O. Box Number is Not Acceptable)					
						City			F 1	Zip Cod	ρ
8. The above	named entit	y submits this stateme	nt for the	purpose of changing it	ts register	,	red agent, or bo	oth, in the State of Flo	FL orida. Lam fa	1 .	
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 a	gent and tide	if applicable. (NC	OTE: Registere	xi Agant signature required	i when reinstating)	***************************************	DATE		
		l FEE IS \$550.00 otember 8, 2004)	9. Election Camp Trust Fund Cor			.00 May Be led to Fees				
10.	- DD	OFFICERS A	ND DIRE		11.	1	ADDITIONS	L /CHANGES TO OFF	ICERS AND		S IN 11
TITLE NAME - STREET ADDRESS CITY-SI-ZIF				1	05,	70003 6 ′13/04010	3271 18001	□ Change 7967 5 **1	Addition * 50 . 00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CHY-SI-ZIP				☐ Delete		1				Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete		I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling 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.											
SIGNAT	URE: _	SIGNATURE AND TYPED	OR PRINTE	NAME OF SIGNING OFFICE	A OR DIREC	тоя		Date	Da	ylime Phone #	



Division of Corporations



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Document Number
P99000102844
Business Entity Name
ALBERTO & ARZA CORP.

FEI Number	650968615								
FEI Number Status	○ Applied For ○ Not Applicable ● Current								
Certificate of Status Des	sired O Yes No								
Principal Place of Business									
Address 2460 SW 27TH AVENUE									
Suite, Apt. #, etc.									
City, State	MIAMI , FL								
Zip Code & Country	33145								
Mailing Address									
Address	2460 SW 27TH AVENUE								
Suite, Apt. #, etc.									
City, State	MIAMI , FL								
Zip Code & Country	33145								
Name Ar	nd Address of Registered Agent								
Name (Last, First, Middle, Title)	,								
-or- RA Business Name									
Address	2460 SW 27TH AVENUE								
Suite, Apt. #, etc.)								
City, State	MIAMI								
Zip Code & Country	33145 US								
If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.									
Registered Agent Signature									



Division of Corporations

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Document Number
P99000102844
Business Entity Name
ALBERTO & ARZA CORP.

Election Campaign Financing Trust Fund Contribution O Yes

No

Officer/Director Name And Address

Title	PD]				
Name (Last, First, Middle, Title)	MARRE	RO	ALBERTO		\mathbf{w}	
-or- Entity Name						
Street Address	2460 S	W 27 AVE				
City, State	MIAMI			, FL		
Zip Code & Country	33145]			
Tial	[]				
Title	<u> </u>		·		5 1	
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Zip Code & Country						
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-or- Entity Name				==.==	ا نســــــــــــــــــــــــــــــــــــ	
Street Address						
City, State			-	,	- ¬ 	

Division of Corporations Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country ○ List more than six Officers/Directors

No additional Officers/Directors to list An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block. Title Officer/Director Signature ALBERTO W. MARRERO Reset Continue Start Over

Sunbiz Home Page

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