## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V18639

FILED Feb 04, 2008 Secretary of State

Entity Name: JOSE ARIAS SUBSTANCE ABUSE CONTROL CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
1095 E. 4 . HIALEAH,	AVE. FL 33010	US		
Current M	lailing Addr	ess:	New Mailing Addres	s:
558 E. 307 HIALEAH,	ΓΗ ST. FL 33013			
El Number	: 65-0362321	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
558 E. 30	OSE DAVID ST. FL 33013	US		
	e named entity e of Florida.	y submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
	e of Florida.	y submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. RE:	y submits this statement for the points statem		od office or registered agent, or both,  Date
n the Stat	e of Florida.  RE: Electro			
n the Stat	e of Florida.  RE: Electro	onic Signature of Registered Agr	ent	
n the State	e of Florida.  RE: Electro  mpaign Financi  S AND DIRE	onic Signature of Registered Agoing Trust Fund Contribution ( ).  CTORS:  ( ) Delete EDAVID	ent	Date
n the Stati BIGNATU Election Car DFFICER Title: Jame: kddress:	e of Florida.  RE: Electro  mpaign Financi  S AND DIRE  DPT ARIAS, JOSE 558 E. 30TH HIALEAH, FL	onic Signature of Registered Agring Trust Fund Contribution ( ).  CTORS:  ( ) Delete C DAVID STREET  ( ) Delete A C	ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE DAVID ARIAS DPT 02/04/2008