


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H41550**  
1. Entity Name  
**ARUBA INTERNATIONAL, INC.**



Principal Place of Business: **5189 VINELAND ROAD ORLANDO FL 32811**  
Mailing Address: **5189 VINELAND ROAD ORLANDO FL 32811**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country



MOORE CR2E034 (11/03)

4. FEI Number: **59-3161383** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **ZELONES, DOLORES (DODI) 8730 RANCHO COURT ORLANDO FL 32836**  
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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: Dolores (Dodi) Zelones (Signature typed or printed name of registered agent and title if applicable.)  
Dolores (Dodi) Zelones (NOTE: Registered Agent signature required when reinstating.) DATE: 2/19/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**  
9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVS NAME: GUTIERREZ, RENE STREET ADDRESS: 5189 VINELAND RD. CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GUTIERREZ, RENE STREET ADDRESS: 5189 VINELAND RD. CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 1100000064706 CITY-ST-ZIP: 02/25/04-80006-010 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: ZELONES, DOLORES (DODI) STREET ADDRESS: 8730 RANCHO CT CITY-ST-ZIP: ORLANDO FL 32836	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 02-26-04 Daytime Phone #: (407) 345-856