## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000094934

FILED Jul 07, 2006 Secretary of State

Entity Name: ARANA AUTO INSURANCE & MULTISERVICES AGENCY CORP.

**Current Principal Place of Business: New Principal Place of Business:** 3358 B SOUTH MILITARY TRAIL LAKEWORTH, FL 33463 **Current Mailing Address: New Mailing Address:** 3358 B SOUTH MILITARY TRAIL LAKEWORTH, FL 33463 FEI Number: 01-0742970 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VEGA, DALILA 5619 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ESPINOZA, MONICA Name: Name: 3358 B SOUTH MILITARY TRAIL Address: Address: City-St-Zip: LAKEWORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ESPINOZA, MONICA Name: 3358 B SOUTH MILITARY TRAIL Address: Address: LAKE WORTH, FL 33463 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MONICA ESPINOZA PD 07/07/2006