


**2005-FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000041408**  
1. Entity Name  
ARANDA ENTERPRISES CORP.



Principal Place of Business: 6515 W. 27TH COURT #49-11 HIALEAH, FL 33016 US  
Mailing Address: 6515 W. 27TH COURT #49-11 HIALEAH, FL 33016 US

**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3754777 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ARANDA, SERGIO M  
6515 W. 27TH COURT #49-11 HIALEAH, FL 33016

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000276869  
03/26/05-80006-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	ARANDA, SERGIO M
STREET ADDRESS	6515 W. 27TH CT. #49-11
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	LINDO, MARIA R
STREET ADDRESS	6515 W. 27TH CT., #49-11
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	BRAVO, ADA FRANCIS
STREET ADDRESS	3600 S. STATE ROAD, SUITE 220
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:  3/23/05 305-557-3109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #