


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 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



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3754777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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**

DO NOT WRITE IN THIS SPACE

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 **05/14/08**

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, 2008 Fee will be \$550.00**

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

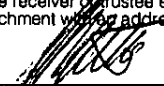
05/14/08-80038-019 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ARANDA, SERGIO M 6515 W. 27TH CT. #49-11 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDO, MARIA R 6515 W. 27TH CT., #49-11 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAVO, ADA FRANCIS 18459 PINES BLVD #265 PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 my address, with all other like empowered.

SIGNATURE:  **SERGIO M. ARANDA** **4/21/2008** **786-553-3757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #