

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90178 032 \*\*\*150.00

**DOCUMENT # F03000001365**

1. Entity Name  
**ARAUCO WOOD PRODUCTS, INC.**



Principal Place of Business Mailing Address  
**5901-C PEACHTREE-DUNWOODY ROAD, STE 370 ATLANTA, GA 30328** **5901-C PEACHTREE-DUNWOODY ROAD, STE 370 ATLANTA, GA 30328**

**50022169**



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

02242005 Chg-P CR2E034 (10/03)

4. FEI Number 58-2187781 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIMBER, CHARLES F			NAME	Erwin Kaufmann		
STREET ADDRESS	5901-C PEACHTREE-DUNWOODY ROAD, STE 370			STREET ADDRESS	5901-C Peachtree Dunwoody Road, Suite 370		
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP	Atlanta, GA 30328		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUZMAN, JUAN PABLO			NAME			
STREET ADDRESS	5901-C PEACHTREE-DUNWOODY ROAD, STE 370			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, ALEJANDRO D			NAME			
STREET ADDRESS	AVENIDA EL GOLF #150			STREET ADDRESS			
CITY-ST-ZIP	SANTIAGO, LOS CONDOS SHILE,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUQUE, ANTONIO R			NAME			
STREET ADDRESS	AVENIDA EL GOLF #150			STREET ADDRESS			
CITY-ST-ZIP	SANTIAGO, LOS CONDOS SHILE,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIMBER, CHARLES F			NAME			
STREET ADDRESS	5901-C PEACHTREE-DUNWOODY ROAD, STE 370			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOZALLA, FRANCO			NAME			
STREET ADDRESS	AVENIDA EL GOLF #150			STREET ADDRESS			
CITY-ST-ZIP	SANTIAGO, LOS CONDOS CHILE,			CITY-ST-ZIP			

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: [Signature] Juan Pablo Guzman 2-25-05 (770) 350-1659  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #