

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90098 007 ***150.00

DOCUMENT # F03000001365	
1. Entity Name ARAUCO WOOD PRODUCTS, INC.	



Principal Place of Business 5901-C PEACHTREE-DUNWOODY ROAD STE 500 ATLANTA, GA 30328	Mailing Address 5901-C PEACHTREE-DUNWOODY ROAD STE 500 ATLANTA, GA 30328
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40047903



2. Principal Place of Business - No P.O. Box # 5901-B Peachtree Dunwoody Rd Suite, Apt. #, etc. Suite 500	3. Mailing Address 5901-B Peachtree Dunwoody Rd Suite, Apt. #, etc. Suite 500
City & State Atlanta, GA	City & State Atlanta, GA
Zip 30328	Country USA

03282007 Chg-P CR2E034 (12/06)

4. FEI Number 58-2187781	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME KAUFMANN, ERWIN	
STREET ADDRESS 5901-B PEACHTREE DUNWOODY RD, STE 500	
CITY-ST-ZIP ATLANTA, GA 30328	
TITLE D	<input type="checkbox"/> Delete
NAME GUZMAN, JUAN P	
STREET ADDRESS AVENIDA EL GOLF, # 15 A	
CITY-ST-ZIP SANTIAGO, LOS CONDOS, CE	
TITLE D	<input type="checkbox"/> Delete
NAME WALKER, ALBERTO	
STREET ADDRESS AVENIDA EL GOLF, # 150	
CITY-ST-ZIP SANTIAGO, LOS CONDOS, CE	
TITLE D	<input type="checkbox"/> Delete
NAME LUQUE, ANTONIO R	
STREET ADDRESS AVENIDA EL GOLF #150	
CITY-ST-ZIP SANTIAGO, LOS CONDOS, CE	
TITLE D	<input type="checkbox"/> Delete
NAME KIMBER, CHARLES F	
STREET ADDRESS AVENIDO EL GOLF # 150	
CITY-ST-ZIP SANTIAGO, LOS CONDOS, CE	
TITLE D	<input type="checkbox"/> Delete
NAME BOZALLA, FRANCO	
STREET ADDRESS AVENIDA EL GOLF #150	
CITY-ST-ZIP SANTIAGO, LOS CONDOS, CE	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ricardo Brunner	
STREET ADDRESS 5901-B Peachtree Dunwoody Rd, Ste 500	
CITY-ST-ZIP Atlanta, GA 30328	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: Ricardo J Brunner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-07
Date

(770)350-1459
Daytime Phone #