

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

05/7/03 AT

DOCUMENT # F96000003618

1. Entity Name
ARAGUA SERVICES, INC.

02-24-2002 90334 001 ***150.00

Principal Place of Business 2121 K STREET, N.W. SUITE 800 WASHINGTON DC 20037	Mailing Address 2121 K STREET, N.W. SUITE 800 WASHINGTON DC 20037
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **13-2536825** Applied For
 Not Applicable

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGUILAR, CARLOS MR.
 240 CRANDON BLVD STE 263
 KEY BISCAYNE FL 33149**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	VOLLMER, CHRISTINE MRS	2121 K-ST NW STE 800	WASHINGTON DC 20037	<input type="checkbox"/>	<input type="checkbox"/>
VP	VOLLMER, ALBERTO C MR	2121 K STREET, N.W., SUITE 800	WASHINGTON DC 20037	<input type="checkbox"/>	<input type="checkbox"/>
ST	BURELLI, CRISTINA MRS	2121 K STREET, N.W., SUITE 800	WASHINGTON DC 20037	<input type="checkbox"/>	<input type="checkbox"/>
M	DUMIT, ALBERTO MR.	2121 K STREET, N.W., SUITE 800	WASHINGTON DC 20037	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alberto Dumit **ALBERTO DUMIT** 2/7/2002 (202) 261 3516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)