2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003618

Entity Name: ARAGUA SERVICES, INC.

DUMIT, ALBERTO MR.

WASHINGTON, DC 20037

2121 K STREET, N.W., SUITE 800

Name:

Address:

City-St-Zip:

FILED Mar 05, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2121 K STREET, N.W. SUITE 800 WASHINGTON, DC 20037				801 BRICKELL AVENUE, 9TH FLOOR MIAMI, FL 33131		
Current Mailing Address:				New Mailing Address:		
2121 K STREET, N.W. SUITE 800 WASHINGTON, DC 20037				801 BRICKELL AVENUE 9TH FLOOR MIAMI, FL 33131		
FEI Number:	13-2536825	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
240 CRAN KEY BISCA		TE 263 49 US	urpose o	f changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:					
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (VOLLMER, CH 2121 K ST NW WASHINGTON	STE 800		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VOLLMER, ALE	T, N.W., SUITE 800		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BURELLI, CRIS 2121 K STREE	T, N.W., SUITE 800		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	М () Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERTO DUMIT MANA 03/05/2004