

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90026 034 \*\*\*150.00

0620709 AT

**DOCUMENT # F96000003618**



1. Entity Name  
**ARAGUA SERVICES, INC.**

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**



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**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 | NAME                   | STREET ADDRESS                 | CITY-ST-ZIP         | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------------------------|--------------------------------|---------------------|-------|------|----------------|-------------|
| P     | VOLLMER, CHRISTINE MRS | 2121 K ST NW STE 800           | WASHINGTON DC 20037 |       |      |                |             |
| VP    | VOLLMER, ALBERTO C MR  | 2121 K STREET, N.W., SUITE 800 | WASHINGTON DC 20037 |       |      |                |             |
| ST    | BURELLI, CRISTINA MRS  | 2121 K STREET, N.W., SUITE 800 | WASHINGTON DC 20037 |       |      |                |             |
| M     | DUMIT, ALBERTO MR.     | 2121 K STREET, N.W., SUITE 800 | WASHINGTON DC 20037 |       |      |                |             |
|       |                        |                                |                     |       |      |                |             |
|       |                        |                                |                     |       |      |                |             |

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 persons empowered.

SIGNATURE:

**Signature Required**

07/01/2003

(202)2613516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)