

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013770

Entity Name: ARUAS OF AMERICA CORP.

FILED
Feb 08, 2006
Secretary of State

Current Principal Place of Business:

2307 DOUGLAS ROAD
STE. 400
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1901 BRICKELL AVE.
2301 B
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-0982578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAURA, LUCIA
1901 BRICKELL AVENUE
2301 B
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: SAURA SOTILLOS, LUCIA
Address: 2307 DOUGLAS ROAD, SUITE 400
City-St-Zip: MIAMI, FL 33145

Title: DT () Delete
Name: SAURA SOTILLOS, JORGE ANTONIO
Address: 2307 DOUGLAS ROAD, SUITE 400
City-St-Zip: MIAMI, FL 33145

Title: DP () Delete
Name: SAURA MAS, ANTONIO
Address: 2307 DOUGLAS ROAD, SUITE 400
City-St-Zip: MIAMI, FL 33145

Title: DVP () Delete
Name: SAURA SOTILLOS, JUAN JOSE
Address: 2307 DOUGLAS ROAD, SUITE 400
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: LUCIA SAURA

Electronic Signature of Signing Officer or Director

MRS.

02/08/2006

_____ Date