# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 04, 2008**
**Secretary of State**

DOCUMENT# P00000013770

**Entity Name:** ARUAS OF AMERICA CORP.

**Current Principal Place of Business:**

2307 DOUGLAS ROAD
STE. 400
MIAMI, FL 33145

**New Principal Place of Business:**

3785 NW 82 AVE.
STE. 302
DORAL, FL 33166

**Current Mailing Address:**

2307 DOUGLAS ROAD
STE. 400
MIAMI, FL 33145

**New Mailing Address:**

3785 NW 82 AVE.
STE. 302
DORAL, FL 33166

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

**Name and Address of Current Registered Agent:**

IDA C. OVIES, C.P.A., P.A.
2307 DOUGLAS ROAD
STE. 400
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

IDA C. OVIES, C.P.A., P.A.
3785 NW 82 AVE.
SUITE 302
DORAL, FL 33166 US

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: IDA C. OVIES, C.P.A., P.A. 03/04/2008
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 (X) 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: DVS (X) Change ( ) Addition
Name: SAURA SOTILLOS, LUCIA
Address: 3785 NW 82 AVE. SUITE 302
City-St-Zip: DORAL, FL 33166

Title: DT (X) Change ( ) Addition
Name: SAURA SOTILLOS, JORGE ANTONIO
Address: 3785 NW 82 AVE. SUITE 302
City-St-Zip: DORAL, FL 33166

Title: DVP (X) Change ( ) Addition
Name: SAURA SOTILLOS, JUAN JOSE
Address: 3785 NW 82 AVE. SUITE 302
City-St-Zip: DORAL, FL 33166

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

I hereby certify that the information supplied with this filing does not qualify 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 DVS 03/04/2008
Electronic Signature of Signing Officer or Director Date