2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056548

Name:

Address:

City-St-Zip:

FILED Mar 23, 2004 Secretary of State

Entity Name: ARANDA SOFTWARE CORP. **Current Principal Place of Business: New Principal Place of Business:** 1985 NW 88TH COURT SUITE 201 MIAMI, FL 33172 **New Mailing Address: Current Mailing Address:** PO BOX 519 HALLANDALE, FL 33008 FEI Number: 65-1111572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ-SARMIENTO, GABRIEL S CPA 1985 NW 88TH COURT, SUITE 201 MIAMI, FL 33172 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VPD () Delete Title: (X) Change () Addition TOBAR, BYRON Name: TOVAR, BYRON Name: 20500 NE 22ND PLACE 20500 NE 22ND PLACE Address: Address: City-St-Zip: MIAMI, FL 33180 City-St-Zip: MIAMI, FL 33180 Title: PSTD Title: () Change () Addition () Delete Name: LEDERMAN, ALBERTO Name: 20500 NE 22ND PLACE Address: Address: City-St-Zip: MIAMI, FL 33180 City-St-Zip: Title: Title: VD. () Delete D (X) Change () Addition CHICAIZA, LUIS B MIER, TOMAS Name: Name: 20500 NE 22ND PLACE 2666 OAK MOUNT Address: Address: City-St-Zip: MIAMI, FL 33180 City-St-Zip: WESTON, FL 33332 Title: () Delete Title: () Change (X) 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 LEDERMAN P 03/23/2004

DIAZ SARMIENTO, GABRIEL

MIAMI, FL 33172

1985 NW 88 COURT SUITE 201