



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90028 004 ***150.00

DOCUMENT # P01000110564 1. Entity Name AROMAGIA CORP.					
Principal Place of Business 14018 SW 130 CT MIAMI, FL 33186			Mailing Address 14018 SW 130 CT MIAMI, FL 33186		
2. Principal Place of Business 13383 SW 42 St Suite, Apt. #, etc.		3. Mailing Address 10785 NW 50 St Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 26-0005063	
Zip 33175		Country Miami		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRERO, VANESSA 14018 SW 130 CT MIAMI, FL 33186				7. Name and Address of New Registered Agent Name HERNAIZ GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 13383 SW 42 St City Miami FL Zip Code 33175	
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 <u>Vanessa Guerrero</u> DATE <u>02-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GUERRERO, JOSE H 4152 NW 112 COURT MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNAIZ GUSTAVO 13383 SW 42 St Miami FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUERRERO, VANESSA 14018 SW 130 CT MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNAIZ SOFIA 13383 SW 42 St Miami FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S) HERNAIZ PATRICIA 10785 NW 50 St Miami FL 33178 Apt 108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>02-12-04</u> Daytime Phone # <u>305-551-0111</u>		