2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000110564

1. Entity Name AROMAGIA CORP.



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91868 028 ***150.00

Daytime Phone #

Principal Place of Business Mailing Ac 16118 S.W. 106 TERRACE 16118 S.W. MIAMI FL 33196 MIAMI FL 3			W. 106 TERRACE			-1 1881/884 11/ 88/84 1/8// 88/// 88//		818)	(131 1 8181 18 31).	
2 Principal I	Place of Business	3. Mailing Address								
140185W 130 Ct 14018 SW			U 130	oct						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE I	F MAKING CH	HANGES		
		City & State			4. FE	4. FEI Number 26-0005063			pplied For	
Miani 7L.		Miaun	FF Canala	Country		· 			Not Applicable	
3318	6 Country	Zip 33/86	Country 71 S		5. Ce	ertificate of Status Desired		3.75 Add Require		
	6. Name and Address of Curre	·			7. Na	me and Address of New Re	gistered Age	nt		
F04N4 (Name VA	INES	SSA GUE	RRET	20		
EGANA, JAIME E 9450 LIVE OAK PLACE					ess (P.O. Bo)	x Number is Not Acceptable)			•	
	DERDALE FL 33324			1 9 012	8 50	U 130 CT	<u> </u>	مس		
FORE DAG	DENDALE FL 33324		ļ	015		, the same of the	- T	7-0		
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	e named entity submits this statemen tions of registered agent.	t for the purpose of changing	g its registered	office or regi	istered ager	nt, or both, in the State of Flor	ida. I am fam	iliar with,	and accept	
uio conga	# 5/ -	3								
SIGNATURE	Signature, typed or period name of registered ag	ent and title if applicable.	(NOTE: Registered Ac	gent signature req	quired when reins	stating)	DATE			
	TLE NOW!!! FEE IS \$150.00									
Afte	er May 1, 2003 Fee will be \$550:0 k Payable to Florida Departmen	•				 Election Campaign Fina Trust Fund Contribution 			00 May Be - d to Fees	
10.	, OFFICERS AI	ND DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	S IN 11	
TIŢLĒ*	GUERRERO, JOSE H	Delete	TITLE] Change	Addition	
	#152 NW 112 COURT	•	NAME STREET A	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33178		CITY- ST	l.						
TITLE .	V	X Delete	TITLE	Ĭ.	ANIE	SSA GUER	DEDO	Change	Addition	
	OBERTSON, MIRTHA		NAME STREET A	ADDOCCO IL	1018	500 1300	TU	a.	.: FL	
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CITY-ST-ZIP			- CITY-ST	ZIP				100		
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NAME STREET ADDRESS			NAME STREET A	VUUBEGG						
CITY-ST-ZIP	1		CITY-ST-	i						
12. I hereby	certify that the information supplied v	vith this filing does not qualif	y for the exemp	tion stated in	n Section 11	9.07(3)(i), Florida Statutes. I	further certify	that the in	nformation	
indicated of the co	d on this report or supplemental repor rporation or the receiver or trustee en I, or on an attachment with an addres	rt is true and accurate and the npowered to execute this rep	nat my signature port as required	e shall have t	the same leg	gal effect as if made under or	ath; that I am a	an officer	or director	