## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P02000094934**

1. Entity Name

ARANA AUTO INSURANCE & MULTISERVICES AGENCY CORP.



**FILED** May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

3358 B SOUTH MILITARY TRAIL LAKEWORTH, FL 33463

Mailing Address

3358 B SOUTH MILITARY TRAIL LAKEWORTH, FL 33463



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VEGA, DALILA 5619 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405  8. The above named entity submits this statement for the purpose of changing its registers			od office as re	IN.	NOT W	ACE	iar with and accent
	lions of registered agent.  Signature, typed or printed name of registered agent and life			equired when reinstating)	an in the case of the	DATE	
FILE NOWIN FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		UNIE	
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	i certify that the information supplied with this f	filing does not qualify for the over	notion stated	in Section 110 07/2)	(i) Florida Statutos	I further certifue!	at the information
indicated	on this report or supplemental years is true	and accurate and that my signal:	ire shall hav	e the same lenal effe	r), r lorida oldioles.	nath that I am a	a officer or director

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it am an officer of 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 attaching the with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR DENITED NAME OF SIGNING OFFICER OR DIRECTOR