

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000094934**

1. Entity Name

ARANA AUTO INSURANCE & MULTISERVICES AGENCY  
CORP.



Principal Place of Business

3358 B SOUTH MILITARY TRAIL  
LAKEWORTH, FL 33463

Mailing Address

3358 B SOUTH MILITARY TRAIL  
LAKEWORTH, FL 33463



01302007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0742970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VEGA, DALILA  
5619 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000626453  
02/15/07-80020-013 150.00

10. OFFICERS AND DIRECTORS

TITLE S  
NAME ESPINOZA, MONICA  
STREET ADDRESS 3358 B SOUTH MILITARY TRAIL  
CITY-ST-ZIP LAKEWORTH, FL 33463

TITLE PD  
NAME ESPINOZA, MONICA  
STREET ADDRESS 3358 B SOUTH MILITARY TRAIL  
CITY-ST-ZIP LAKE WORTH, FL 33463

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

MONICA ESPINOZA, PRESIDENT 01/30/2007 (561) 965-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #