

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90714 028 ***150.00

DOCUMENT # P02000127346

1. Entity Name
ARANJUEZ, CORP.



Principal Place of Business

**1863 SW 11TH STREET
#8
MIAMI, FL 33135**

Mailing Address

**1863 SW 11TH STREET
#8
MIAMI, FL 33135**

2. Principal Place of Business

**1805 Sans Souci Blvd
Suite, Apt. #, etc. 225**

3. Mailing Address

**1805 Sans Souci Blvd
Suite, Apt. #, etc. 225**

City & State

**Miami, FL
Zip 33181**

City & State

**Miami, FL
Zip 33181**

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

32-0045332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RANDAZZO, LEONARDO
1863 SW 11TH STREET
#8
MIAMI, FL 33135**

7. Name and Address of New Registered Agent

Name **Randazzo, Leonardo**
Street Address (P.O. Box Number is Not Acceptable) **1805 Sans Souci Blvd #225**
City **Miami** **FL** Zip Code **33181**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RANDAZZO, LEONARDO**
STREET ADDRESS **1863 SW 11TH STREET**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **VD** ☐ Delete
NAME **MACCHIONE, NEOMI**
STREET ADDRESS **1863 SW 11TH STREET**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Randazzo, Leonardo**
STREET ADDRESS **1805 Sans Souci Blvd #225**
CITY-ST-ZIP **Miami, FL 33181**

TITLE **VD** ☒ Change ☐ Addition
NAME **Macchione, Neomi**
STREET ADDRESS **1805 Sans Souci Blvd #225**
CITY-ST-ZIP **Miami, FL 33181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #