2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 08:00 AN Secretary of State **DOCUMENT # P02000127346** 1. Entity Name ARANJUEZ, CORP. Principal Place of Business Mailing Address 1805 SANS SOUCI BLVD #225 1805 SANS SOUCI BLVD #225 MIAMI, FL 33181 MIAMI, FL 33181 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 32-0045332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RANDAZZO, LEONARDO DO NOT WRITE 1805 SANS SOUCI BLVD #225 MIAMI, FL 33181 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD THILE NAME RANDAZZO, LEONARDO 1805 SANS SOUCI BLVD #225 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 TITLE U00000558447 NAME FLUZA, MARIA 05/17/06-80094-014 150.00 STREET ADDRESS 1805 SANS SOUCI BLVD, # 225 CITY-ST-ZIP MIAMI, FL 33181 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-OFFICER OR DIRECTOR

4/20/06

Daytime Phone #

FILED