

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90463 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000127346

1. Entity Name
ARANJUEZ, CORP.



Principal Place of Business
**1863 SW 11TH STREET
MIAMI, FL 33135**

Mailing Address
**1863 SW 11TH STREET
MIAMI, FL 33135**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

6. Name and Address of Current Registered Agent

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of New Registered Agent

Name
Randazzo, Leonardo

Street Address (P.O. Box Number is Not Acceptable)

1863 SW 11TH ST #8

City
Miami

FL

Zip Code
33135

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]

(NOTE: Registered Agent's signature required when reinstating)

DATE
3/13/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03
Daytime Phone #

CR2E034 (10/02)