2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State 03-16-2006 90231 047 ***150.00

DOCUMENT # P02000127428 1. Entity Name ARAGAO PROPERTY MANAGEMENT, INC.												03-16-2006 90:	231 047	' ***150.0	0
Principal Place of Business 15432 PEBBLE RIDGE STREET WINTER GARDEN, FL 34787				Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744											
2. Principal P	3. Mailing Address														
13532 Fox Glove Street Suite Apt. #, etc.				Suite, Apt. #, etc.						02152	2006	Chg-P	CR2E	034 (11/05)	
City & State				City & State					4. FELL		2738			pplied For at Applicable	
Zip	Country						Coun	try	5 . Cert	ificate	of Status Desired		\$8.75 Add Fee Require		
	Registered Agent				· 			e and	Address of New R	egistered	Agent				
ARAGAO, 15432 PEE WINTER G					Name Street Address (P.O. Box Number is Not Acceptable) 13532 Fox Glove Street										
	:							City					FI	Zip Cod	е
	named entiti		statement for	r the purpo	ose of ch	anging its r	egister	ed office o	r register	ed agent.	or bo	th, in the State of Flo	orida. I an	n familiar with,	and accept
SIGNATURE	(NOTE	d Agent signat	ufe required) when reinste	ting)	_	DATE								
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 9. Election Campaign Financing \$5.00 May Be															
		6 Fee will		00	Trust I	Fund Contri	bution.		Add	ed to Fee	5				
10.		OFF	ICERS AND	DIRECTOR	as		11.			ADDIT	IONS	L	ICERS AN	D DIRECTOR	S IN 11
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NAME	ARAGAO, MONICA								ļ			_		Es viange	
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12. I hereby indicated of the cor	certify that the on this reportation or the contraction or the contrac	e information : rt of suppleme he receiver or	upplied with ntal report is trustee empo	this filing true and	does no accurate execute	ot qualify for and that m this report a	the ex y signa	emptions of ture shall in ired by Ch	contained lave the apter 607	d in Chap same leg 7. Florida	ter 11 al effe Statut	9, Florida Statutes. ct as if made under es; and that my nam	I further co oath; that ne appears	ertify that the i I am an office is in Block 10 c	nformation or director or Block 11 if
12. I hereby certify that the Normation supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the informatic indicated on this report of 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 direct of the corporation or the receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered															
i SIGNAT	TURE: _		1 -0 0		, 10	, ~ Y						<u> </u>	-		