2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
04-19-2004 90297 018 ***150.00

66420747

04012004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000041408

1. Entity Name
ARANDA ENTERPRISES CORP.

Principal Place of Business	Mailing Address
5665 W 20TH AVE STE. 312 HIALEAH, FL 33012	5665 W 20TH AVE STE. 312 HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
6515 W 27TH COURT	6515 W 27TH COURT
Suite, Apt. #, etc.: # 49-11	Suite, Apt. #, etc.: # 49-11
City & State: HIALEAH FL	City & State: HIALEAH FL
Zip: 33016 Country:	Zip: 33016 Country:

4. FEI Number 04-3754777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARANDA, SERGIO M 5665 W 20TH AVE STE 312 HIALEAH, FL 33023	Name Street Address (P.O. Box Number is Not Acceptable) 6515 W 27TH CT #49-11 City HIALEAH FL Zip Code 33016

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 _____ 3/31/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARANDA, SERGIO M 5665 W 20TH AVE, STE. 312 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, T, S 6515 W 27TH CT #49-11 Hialeah FL 33016	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDO, MARIA R 6515 W 27 CT #49-11 HIALEAH FL 33016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAVO, ADA FRANCIS 3600 S. State Road, Suite 220 MIRAMAR, FL. 33023	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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)(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: _____ SERGIO M. ARANDA 3/31/04 305-557-3109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #