


2006-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000041408	
1. Entity Name ARANDA ENTERPRISES CORP.	

Principal Place of Business 6515 W. 27TH COURT #49-11 HIALEAH, FL 33016 US	Mailing Address 6515 W. 27TH COURT #49-11 HIALEAH, FL 33016 US
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02122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3754777	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ARANDA, SERGIO M
6515 W. 27TH COURT
#49-11
HIALEAH, FL 33016

**DO NOT WRITE
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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PTS ARANDA, SERGIO M 6515 W. 27TH CT. #49-11 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDO, MARIA R 6515 W. 27TH CT., #49-11 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAVO, ADA FRANCIS 3600 S. STATE ROAD, SUITE 220 MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000435493
02/25/06-80043-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO M. ARANDA

2-13-06 786-553-3757

Date

Daytime Phone #