

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90003 007 ***150.00

DOCUMENT # P04000141339

1. Entity Name
**MARIA ARANGO CASTANEDA SERVICES,
INCORPORATED**



Principal Place of Business
**232 MALTESE CIRCLE
#6
CASSELBERRY, FL 32730**

Mailing Address
**637 OAK VIEW ST
ALTAMONTE SPRINGS, FL 32714**

30062334



2. Principal Place of Business

**500 E. Semoran blvd.
Suite, Apt. #, etc.
1040**

3. Mailing Address

Suite, Apt. #, etc.

06282006

Chg-P

CR2E034 (11/05)

City & State

Casselberry FL

City & State

Zip
32707

Country
USA

Zip

Country

4. FEI Number

20-1723033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARANGO, MARIA L
232 MALTESE CIRCLE
#6
CASSELBERRY, FL 32730**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ARANGO, MARIA L
637 OAK VIEW ST
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

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
NAME
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 ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Liliana Arango

7-10-06

Date

Daytime Phone #

407-4673025

ATTACHMENT

50022994

06-02-06

Maria Arango Castaneda Services Inc.

P04000141339

To Whom It May Concern:

This letter is to inform you that the check# 1266 was sent to you through the mail on 03-24-06 with the amount of \$150 to pay for the annual report for the corporation under the name Maria Arango Castaneda Services Inc. but as of today's date it has not been cleared from my bank. On 06-01-06 I called to let you know about this situation and one of your agents told me to write this letter explaining the situation. Attached with this letter is another check for the amount of \$150 to pay for the annual report. I am sorry for this inconvenience and thanks for your help.