## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000082938

ARENAS, VALÉNTIN

AV. LA ESTANCIA, C.C.C.T

TORRE B, OFC.1107, CA CHUAO CA

Name:

Address:

City-St-Zip:

Entity Name: AUYANTEPUI PROPERTIES CORPORATION

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
1800 NOR MIAMI, FL	TH BAYSHOF 33131	RE DRIVE			
Current Mailing Address:			New Mailing	New Mailing Address:	
300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134			5805 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126		
FEI Number:	: 98-0489586	FEI Number Applied For ( )	FEI Number Not Applic	able ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:	
AG CORPORATE SERVICES, LLC 300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134 US			5805 BLUE I SUITE 200	AG CORPORATE SERVICES, LLC 5805 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its	registered office or registered agent, or be	
SIGNATURE: AG CORPORATE SERVICES,LLC				04/27/2007	
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	AGUILAR, CLA AV. LA ESTAN		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BENZECRI, RO AV. LA ESTAN		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ARENAS, MAR AV. LA ESTAN		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DT (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CLAUDIA M AGUILAR DP 04/27/2007