



FILED
Apr 26, 2007 8:00 am
Secretary of State

3/1

03-15-2007 90034 024 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000138005					
1. Entity Name ARANZAZU INC.					
Principal Place of Business 5460 NORTH OCEAN DRIVE #7-B SINGER ISLAND, FL 33404			Mailing Address 5460 NORTH OCEAN DRIVE #7-B SINGER ISLAND, FL 33404		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5830609	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, LUZ M 5480 NORTH OCEAN DRIVE #7-B SINGER ISLAND, FL 33404				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, LUZ M		NAME		
STREET ADDRESS	5480 NORTH OCEAN DRIVE #7-B		STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND, FL 33404		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-8-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment 660109/2
**POL000138005*
MYLES S. KASSMAN & CO. INC.

Efficient accounting you can rely on for all your fiscal needs
One Schwab Road, Suite 9
Melville, New York 11747
631 421-1165

DATE 3-5-07

FORM _____

PLEASE MAKE A CHECK PAYABLE TO, (IF APPLICABLE):

FLORIDA Department OF STATE

BY Now

IN THE AMOUNT OF:

\$ 150.

PLEASE SIGN WHERE INDICATED BY "X" AND MAIL IN
ATTACHED ENVELOPE, IF ENCLOSED, TO THE FOLLOWING
ADDRESS:

— Division of Corporations —
— P.O. Box 1500 —
— Tallahassee, FL 32302-1500 —

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THIS
OFFICE AS SOON AS POSSIBLE.

NOTES AND COMMENTS

