
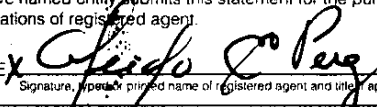
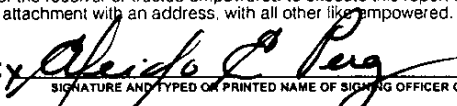


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90014 004 ***150.00

DOCUMENT # P07000036871 1. Entity Name ARIGUANABO ENTERPRISES, INC			
Principal Place of Business 4545 NW 7TH STREET SUITE 11 MIAMI, FL 33126		Mailing Address 4545 NW 7TH STREET SUITE 11 MIAMI, FL 33126	
2. Principal Place of Business - No. P.O. Box # 4501 SW 112th PL		3. Mailing Address 4501 SW 112th PL	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33165		Zip 33165	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-8701388		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ-PERERA, RAUL L 4545 NW 7TH STREET SUITE 11 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Diaz-Perera Raul Street Address (P.O. Box Number is Not Applicable) 4501 SW 112th PL City Miami FL Zip Code 33165	
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:  DATE: 04/24/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	DP DIAZ-PERERA, RAUL L <input type="checkbox"/> Delete 4545 NW 7TH STREET SUITE 11 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Raul L. Diaz Perera <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4501 SW 112 PL Miami, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PEREZ, ALEIDO E <input type="checkbox"/> Delete 4545 NW 7TH STREET SUITE 11 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Aleido E. Perez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4501 SW 112 PL Miami, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DATE: 04/24/08 (786) 443-1762 <small>Daytime Phone #</small>	