

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90003 005 ***155.00

DOCUMENT # P12035	
1. Entity Name HARAS SANTA MARIA DE ARARAS, S.A.	



Principal Place of Business 10599 N.W. 95TH ST. OCALA, FL 32675	Mailing Address 551 FIFTH AVENUE 417 NEW YORK, NY 10176 US
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50000284

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032005 Chg-P CR2E034 (10/03)

4. FEI Number 13-3317148		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 LEON, IGNACIO L. HARAS SANTA MARIA DE ARARAS, SA 10599 N.W. 95TH ST. OCALA, FL 32675		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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD DE ARAGAO BOZANO, JULIO RAFAEL <input type="checkbox"/> Delete AVENIDA RIO BRANCO NO. 138, 30, ANDAR RIO DE JANEIRO, RJ, BRAZIL, 20057	TITLE NAME STREET ADDRESS CITY-ST- ZIP	V LOPEZ, Marta E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 551 Fifth Avenue, suite #417 New York, NY 10176
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD BOZANO, PATRICIA G <input type="checkbox"/> Delete 19 UPPER CROSS RD GREENWICH, CT 06831	TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST ROMERO, Luis Alfredo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 551 Fifth Avenue, suite #417 New York, NY 10176
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V PAVLOVSKY, IGNACIO <input type="checkbox"/> Delete POSADAS 1359, 10PISO, B BUENOS AIRES, ARGENTINA CP. 1112	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V LOPEZ, EDUARDO F <input checked="" type="checkbox"/> Delete 551 FIFTH AVENUE, #417 NEW YORK, NY 10176	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST ROMERO, ALFRED LUIS <input checked="" type="checkbox"/> Delete 551 FIFTH AVENUE, #417 NEW YORK, NY 10176	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 exemption stated in Section 119.07(3)(i), 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: _____ **Luis Alfredo Romero** 1/3/2005 (212) 661-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Treas. Date Daytime Phone #