2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P12035 01-27-2006 90035 004 ***155.00 HARAS SANTA MARIA DE ARARAS, S.A. Mailing Address Principal Place of Business 10599 N.W. 95TH ST. **551 FIFTH AVENUE** OCALA, FL 32675 NEW YORK, NY 10176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 13-3317148 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEON, IGNACIO L. Street Address (P.O. Box Number is Not Acceptable) HARAS SANTA MARIA DE ARARAS, SA 10599 N.W. 95TH ST. OCALA, FL 32675 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Detete TITLE ☐X hange ☐ Addition DE ARAGAO BOZANO, JULIO RAFAEL NAME NAME De Aragao Bozano, Julio Rafael STREET ADDRESS AVENIDA RIO BRANCO NO. 138, 30, ANDAR STREET ADDRESS Rua Visconde de Ouro Preto 5-11 Andar Botafogo, Rio de Janeiro CFP 22250-RI Brazil CITY-ST-ZIP RIO DE JANEIRO, RJ, BRAZIL, 20057 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BOZANO, PATRICIA G NAME NAME STREET ADDRESS 19 UPPER CROSS RD STREET ADDRESS GREENWICH, CT 06831 CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition PAVLOVSKY, IGNACIO NAME STREET ADDRESS POSADAS 1359, 10PISO, B STREET ADDRESS CITY-ST-ZIP BUENOS AIRES, ARGENTINA CP, 1112 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME LOPEZ, MARTA E NAME 551 FIFTH AVENUE, SUITE #417 STREET AODRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10176 CITY-ST-ZIP TITLE ST ☐ Delete TITLE X Change ■ Addition NAME ROMERO, ALFRED LUIS NAME Romero, Luis Alfredo STREET ADDRESS 551 FIFTH AVENUE, SUITE #417 STREET ADDRESS 551 Fifth Avenue, Suite 417 - NY, NY 10176 CITY-ST-ZIP NEW YORK, NY 10176 C11Y-ST-7IP ☐ Delete DD 6 Change ☐ Addition 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 received 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 attactyment with an address, with all other like empoweres.

Lui**s**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

SIGNATURE:

Alfredo Romero

1/20/06

FILED

Jan 27, 2006 8:00 am