

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90008 006 ***550.00

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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

DO NOT WRITE IN THIS SPACE

40119300



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number

13-3317148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DE ARAGAO BOZANO, JULIO RAFAEL
STREET ADDRESS AVENIDA RIO BRANCO NO. 138, 30, ANDAR
CITY-ST-ZIP RIO DE JANEIRO, RJ, BRAZIL. 20057

TITLE VD
NAME BOZANO, PATRICIA G
STREET ADDRESS 19 UPPER CROSS RD
CITY-ST-ZIP GREENWICH, CT 06831

TITLE V
NAME PAVLOVSKY, IGNACIO
STREET ADDRESS POSADAS 1359, 10PISO, B
CITY-ST-ZIP BUENOS AIRES, ARGENTINA CP. 1112

TITLE V
NAME LOPEZ, MARTA E
STREET ADDRESS 551 FIFTH AVENUE, SUITE # 417
CITY-ST-ZIP NEW YORK, NY 10176

TITLE ST
NAME ROMERO, LUIS ALFREDO
STREET ADDRESS 551 FIFTH AVENUE, SUITE # 417
CITY-ST-ZIP NEW YORK, NY 10176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luis Alfredo Romero, Treas. 2/21/07 (212) 661-3691