

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90211 018 ***150.00

DOCUMENT # P97000036744

1. Entity Name
ARUBA DEVELOPMENT CORP.



| | |
|---|---|
| Principal Place of Business 2419 E COMMERCIAL BLVD SUITE 100 FORT LAUDERDALE, FL 33308 US | Mailing Address 2419 E COMMERCIAL BLVD SUITE 100 FORT LAUDERDALE, FL 33308 US |
|---|---|



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

04262006 Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0764580 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLODIG, GREGORY J ESQ.
100 W CYPRESS CREEK ROAD
STE 700
FT. LAUDERDALE, FL 33309**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 | LAMBERT, DANIEL | | | NAME | | | |
| STREET ADDRESS | 2419 E COMMERCIAL BLVD SUITE 100 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | VERRILLO, JAMES | | | NAME | | | |
| STREET ADDRESS | 2419 E COMMERCIAL BLVD STE 100 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 | | | 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: James Verillo 4-28-06 954-630-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #