


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**


04-23-2007 90076 019 \*\*\*158.75

<b>DOCUMENT # P99000018848</b> 1. Entity Name ARAUJO INTERNATIONAL SERVICES INC.	
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Principal Place of Business 17469 SW 21 STREET COURT MIRAMAR, FL 33029	Mailing Address 17469 SW 21 STREET COURT MIRAMAR, FL 33029
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**DO NOT WRITE IN THIS SPACE**

40075508



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0897592	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARAUJO, MARTHA L  
17469 SW 21 STREET COURT  
MIRAMAR, FL 33029

**DO NOT WRITE  
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 Martha L Araujo Martha L Araujo 4-11-07  
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARAUJO, MARTHA L 17469 SW 21 STREET COURT MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARAUJO, JOSE A 17469 SW 21 STREET COURT MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGM ARAUJO, JOSEPH A 17469 SOUTHWEST 21ST COURT MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM ARAUJO, TATIANA L 17469 SOUTHWEST 21ST COURT MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC MACHACON, ROSA 19036 BOBOLINK DR MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Jose A. Araujo Jose A. Araujo VP. 4-11-07 (305) 4960626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #