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Secretary of State

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000057226

1. Entity Name
ARUMEN CORP.

54001654

01062004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
780 NORTHWEST LEJEUNE ROAD SUITE 516 MIAMI, FL 33126	780 NORTHWEST LEJEUNE ROAD SUITE 516 MIAMI, FL 33126

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0926033 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIEDRA, AURELIO A
780 NW LE JEVNE RD
516
MIAMI, FL 33126

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	NAVARRETE, ALBERTO R	
STREET ADDRESS	780 NORTHWEST LEJEUNE ROAD	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SVD	☐ Delete
NAME	DE MENENDEZ, PATRICIA A	
STREET ADDRESS	780 NORTHWEST LEJEUNE ROAD	
CITY-ST-ZIP	MIAMI, FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	☑ Change ☐ Addition
NAME	Menendez, Alberto R	
STREET ADDRESS	780 NW 42 Ave	
CITY-ST-ZIP	Miami FL 33126	

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: X [signature] 1/29/04 3054437122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #