2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/20/

FILED
Apr 08, 2005 8:00 am
Secretary of State
01-20-2005 90019 014 ***150.00

DOCUMENT # S74012

1. Entity Name
ARUAN CORP.

66008964

Principal Place of Business	Mailing Address
10140 W. BAY HARBOR DR., #404 BAY HARBOR ISLAND, FL 33140 US	C/O MERMELSTEIN HIDALGO LLP 3211 PONCE DE LEON BLVD., #305 CORAL GABLES, FL 33134 US

01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0294070
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HIDALGO, JOSE A
C/O MERMELSTEIN HIDALGO LLP
3211 PONCE DE LEON BLVD., #305
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE CARVALHO, ANNA HELENA B
STREET ADDRESS	10140 W. BAY HARBOR DR., #404
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33140
TITLE	ST
NAME	NETO, ANNIBAL R
STREET ADDRESS	10140 W. BAY HARBOR DR., #404
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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 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 Jose A Hidalgo 01/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOSE A HIDALGO