

**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # 243479

1. Entity Name  
A.J. ARANGO, INC.



**FILED**

08 JAN 11 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1516 EAST 8TH AVENUE  
TAMPA, FL 33605 US

Mailing Address  
1516 EAST 8TH AVENUE  
TAMPA, FL 33605 US



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

01102008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-0934959

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ALBERDI, JAMES  
1516 EAST EIGHTH AVENUE  
TAMPA, FL 33605

**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 (const) filing) DATE

**Amended AR is \$61.25**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	ALBERDI, JAMES C P	
STREET ADDRESS	6704 N. RIVER BLVD.	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCKENNA, ROSALYN A	
STREET ADDRESS	618 BOSPHOROUS AVE	
CITY-ST-ZIP	TAMPA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERDI, JAMES C	
STREET ADDRESS	6704 N. RIVER BLVD.	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, ROSALYN A	
STREET ADDRESS	618 BOSPHOROUS AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERDI, XANDRA A	
STREET ADDRESS	716 DRUID HILLS RD.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 C Alberdi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08  
Date

Daytime Phone #