2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000090670

1. Entity Name
AGUILCORT INVESTMENTS INC.

Principal Place of Business	Mailing Address
12838 LOWER RIVER BLVD. ORLANDO, FL 32828-9006	2301 CONIFER AVENUE WINTER PARK, FL 32792-2022

DO NOT WRITE IN THIS SPACE

03312007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3667071	Not Applicable

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

6. Name and Address of Current Registered Agent

CORTES, FRANK
12838 LOWER RIVER BLVD.
ORLANDO, FL 32828-9006

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 _____

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	CORTES, FRANK
STREET ADDRESS	12838 LOWER RIVER BLVD.
CITY-ST-ZIP	ORLANDO, FL 328289006

TITLE	DP
NAME	AGUILERA, RODOLFO
STREET ADDRESS	16451 NW 13TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33028

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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U00000701416
04/20/07-80053-023 150.00

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: _Frank Cortes_ TRES.   4/7/07   407-620-9153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #