
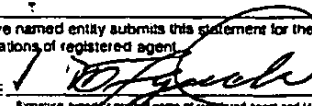
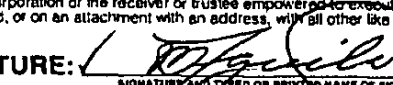


2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
May 30, 2006 8:00 am
Secretary of State

04-27-2006 90206 023 ***150.00

DOCUMENT # P05000003928			
1. Entity Name AGUILA SANDWICH SHOP CORPORATION			
Principal Place of Business 3200 WEST HILLSBOROUGH AVE. TAMPA, FL 33614		Mailing Address 3200 WEST HILLSBOROUGH AVE. TAMPA, FL 33614	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2145277		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROIG, RICARDO A ESQ. 4023 NORTH ARMENIA AVE., STE. 400 TAMPA, FL 33607		Name MARIO AGUILA Street Address (P.O. Box Number is Not Acceptable) 3200 W HILLSBOROUGH AVE City TAMPA	
State FL		Zip Code 33614	
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: 		MARIO AGUILA DATE: 4/24/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILA, MARIO	NAME	
STREET ADDRESS	3200 WEST HILLSBOROUGH AVE.	STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33614	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILA, ANGELA	NAME	
STREET ADDRESS	3200 WEST HILLSBOROUGH AVE.	STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33614	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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: 		1 4/24/06 Date: _____ Daytime Phone: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			