# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 04, 2008**
**Secretary of State**

DOCUMENT# P06000090602

**Entity Name:** AAGR, INC.

**Current Principal Place of Business:**

317 N COLLIER BLVD - # 202
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

317 N COLLIER BLVD - # 202
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number: 20-5173622** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAUSLER, GARY J ESQ
950 N COLLIER BLVD
STE 301
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | BENARROCH, ARMEN | |
| Address: | 317 N COLLIER BLVD - # 202 | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |
| Title: | D | ( ) Delete |
| Name: | BENARROCH, ALBERT | |
| Address: | 317 N COLLIER BLVD - # 202 | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |
| Title: | D | ( ) Delete |
| Name: | BENARROCH, RUTH T | |
| Address: | 317 N COLLIER BLVD - # 202 | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |
| Title: | D | ( ) Delete |
| Name: | BENARROCH, GLADYVETTE | |
| Address: | 317 N COLLIER BLVD - # 202 | |
| City-St-Zip: | MARCO ISLAND, FL 34145 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADYVETTE BENARROCH MRS 06/04/2008
Electronic Signature of Signing Officer or Director Date