

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155274

Entity Name: AGA MACHINE SHOP INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

5931 RAVENSWOOD RD
BLDG A BAY 13
DANIA BEACH, FL 33312

New Principal Place of Business:

Current Mailing Address:

7050 NW 44TH ST
APT 609
LAUDERHILL, FL 33319

New Mailing Address:

5931 RAVENSWOOD RD
BLDG A BAY 13
DANIA BEACH, FL 33312

FEI Number: 20-8070092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, ADOLFO
7050 NW 44TH ST
APT 609
LAUDERHILL, FL 33319 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, ADOLFO
Address: 7050 NW 44TH ST APT. 609
City-St-Zip: LAUDERHILL, FL 33319 US

Title: VP (X) Delete
Name: NINO, PATRICIA
Address: 7050 NW 44TH ST APT. 609
City-St-Zip: LAUDERHILL, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ADOLFO GOMEZ

P

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date