

\$450.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUL 14 PM 12:15

DOCUMENT # P99000039403

1. Entity Name

AGUICON, CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3.661 SW 9th TERRACE

Suite, Apt. #, etc.

503

City & State

MIAMI, FLORIDA

Zip

33135

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

40

4. FEI Number

65-0916081

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

REYNALDO J. PALADINO

Street Address (P.O. Box Number is Not Acceptable)

3.661 SW 9th TERRACE

City

MIAMI

FL

Zip Code
33135

**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

07/10/2003

Signature, typed or printed name, registered agent, and date if applicable. (NOTE: Registered Agent signature is required when reappointing.) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REYNALDO J. PALADINO 3661 SW 9th TERR/# 503 MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200021760202 07/24/03-01013-005 **750.00
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like information.

SIGNATURE:

07/10/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 450.00 for the annual report fee with my application.

Since November 2000 we moved to 661 SW 9th ST-Miami, Fl 33135 and we did not receive the U.B.R. for the years 2001, 2002 and 2003 or any other notice from the Division of Corporations in respect with the Corporation **AGUICON, CORP.**

Thank you for your courtesy in this matter.



Reynaldo J. Paladino
President