
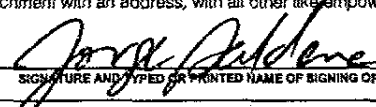


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F32630 1. Entity Name SALDANA-AGURTO, INC.		
Principal Place of Business 4450 CURRY FORD ROAD ORLANDO, FL 32812	Mailing Address 4450 CURRY FORD ROAD ORLANDO, FL 32812	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SALDANA, JORGE 5156 BRENDA DR ORLANDO, FL 32806		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000628852 02/16/07-80034-006 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD SALDANA, JORGE 5156 BRENDA DR. ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SALDANA, GLADYS 5156 BRENDA DR. ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRYANT, SALDANA F5156 BRENDA DRIVE ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-6-07 Daytime Phone # 407-275-0397



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2166987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

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