

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90007 011 \*\*\*150.00

**DOCUMENT # G94232**

1. Entity Name

**AZTEC PROPERTIES AND DEVELOPMENT COMPANY**



Principal Place of Business  
4319 NEPTUNE RD  
SAINT CLOUD FL 34769

Mailing Address  
P.O. BOX 22413  
LAKE BUENA VISTA FL 32830



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2403311**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, FIDEL**  
**19927 VILLA TUSCANY WAY #105**  
**LAKE BUENA VISTA FL 32830**

Name  
**RODRIGUEZ FIDEL**

Street Address (P.O. Box Number is Not Acceptable)  
**19901 VILLA TUSCANY WAY #105**

City  
**LAKE BUENA VISTA**

**FL**

Zip Code  
**32830**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **RODRIGUEZ, FIDEL**  
STREET ADDRESS **19927 VILLA TUSCANY WAY #105**  
CITY-STATE-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **P** ☐ Change ☐ Addition  
NAME **RODRIGUEZ FIDEL**  
STREET ADDRESS **19901 VILLA TUSCANY WAY #105**  
CITY-STATE-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **S.T** ☐ Delete  
NAME **RODRIGUEZ, ELLEN**  
STREET ADDRESS **19927 VILLA TUSCANY WAY #105**  
CITY-STATE-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **S.T** ☐ Change ☐ Addition  
NAME **RODRIGUEZ ELLEN**  
STREET ADDRESS **19901 VILLA TUSCANY WAY #105**  
CITY-STATE-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **VP** ☐ Delete  
NAME **RODRIGUEZ, PAUL E**  
STREET ADDRESS **815 GOLFVIEW STREET**  
CITY-STATE-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-19-07* *407-873-0137*  
Date Daytime Phone #