


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90023 039 \*\*\*150.00

<b>DOCUMENT # G94232</b> 1. Entity Name <b>AZTEC PROPERTIES AND DEVELOPMENT COMPANY</b>							
Principal Place of Business <b>4319 NEPTUNE RD SAINT CLOUD, FL 34769</b>			Mailing Address <b>P.O. BOX 22413 LAKE BUENA VISTA, FL 32830</b>				
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2403311</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>6. Name and Address of Current Registered Agent</b>   <b>RODRIGUEZ, FIDEL 19901 VILLA TUSCANY WAY #105 LAKE BUENA VISTA, FL 32830</b> </td> <td style="width:50%; vertical-align: top;"> <b>7. Name and Address of New Registered Agent</b>          Name          Street Address (P.O. Box Number is Not Acceptable)          City      <b>FL</b>      Zip Code       </td> </tr> </table>						<b>6. Name and Address of Current Registered Agent</b>  <b>RODRIGUEZ, FIDEL 19901 VILLA TUSCANY WAY #105 LAKE BUENA VISTA, FL 32830</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
<b>6. Name and Address of Current Registered Agent</b>  <b>RODRIGUEZ, FIDEL 19901 VILLA TUSCANY WAY #105 LAKE BUENA VISTA, FL 32830</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code						
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>P</b> <b>RODRIGUEZ, FIDEL</b> <b>19901 VILLA TUSCANY WAY #105</b> <b>LAKE BUENA VISTA, FL 32830</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>S,T</b> <b>RODRIGUEZ, ELLEN</b> <b>19901 VILLA TUSCANY WAY #105</b> <b>LAKE BUENA VISTA, FL 32830</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP</b> <b>RODRIGUEZ, PAUL E</b> <b>815 GOLFVIEW STREET</b> <b>ORLANDO, FL 32804</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date      Daytime Phone #</small>							