

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38383

Entity Name: JOSE ARAGON, INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

395 13TH AVENUE SOUTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

395 13TH AVENUE SOUTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2489995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAGON, DIANA M.
825 KETCH DRIVE
300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

ARAGON, DIANA M.
5008 MAXWELL CIRCLE
202
NAPLES, FL 34105 US

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:

01/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARAGON,JOSE R.,
Address: 825 KETCH DRIVE #300
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: ARAGON,DIANA M.,
Address: 825 KETCH DRIVE #300
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: ARAGON, JENNIFER
Address: 1405 TIFFANY LANE #1401
City-St-Zip: NAPLES, FL 34105

Title: T () Delete
Name: ARAGON, MONICA
Address: 825 KETCH DRIVE #300
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARAGON,JOSE R.,
Address: 5008 MAXWELL CIRCLE #202
City-St-Zip: NAPLES, FL 34105

Title: S (X) Change () Addition
Name: ARAGON,DIANA M.,
Address: 5008 MAXWELL CIRCLE #202
City-St-Zip: NAPLES, FL 34105

Title: VP (X) Change () Addition
Name: ARAGON, JENNIFER
Address: 5009 MAXWELL CIRCLE #202
City-St-Zip: NAPLES, FL 34105

Title: T (X) Change () Addition
Name: ARAGON, MONICA
Address: 5008 MAXWELL CIRCLE #202
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER ARAGON

VP

01/09/2007

Electronic Signature of Signing Officer or Director

Date