


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90040 003 \*\*\*150.00

<b>DOCUMENT # M94416</b>	
1. Entity Name <b>THE AGAPAY COMPANY</b>	

Principal Place of Business <b>135 TAMPICO LN KISSIMMEE FL 34743 US</b>	Mailing Address <b>135 TAMPICO LN KISSIMMEE FL 34743 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0065512</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>AGAPAY, RICHARD 135 TAMPICO LN KISSIMMEE FL 34743</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD AGAPAY, VICTORIA 135 TAMPICO LN KISSIMMEE FL 34743 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD AGAPAY, RICHARD 135 TAMPICO LN KISSIMMEE FL 34743 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP AGAPAY, JILMA L 17740 NW 77TH CT HIALEAH FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T AGAPAY, RICHARD A 7554 STERLING ROAD #202 DAVIE FL 33024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T AGAPAY, VICTOR 17740 NW 77 COURT HIALEAH FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	AS AGAPAY, FELIX A JR 19720 NW 84TH AVE HIALEAH FL 33015 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:**  **RICHARD AGAPAY, PRESIDENT** 1-20-07 **407-962-9039**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #