

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024006

Entity Name: AGLB CORPORATION

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

4660 SW 72ND AVE
MIAMI, FL 331554516

New Principal Place of Business:

Current Mailing Address:

555 EAST 25TH STREET SUITE 111
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 65-1105206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, ADOLFO
9631 FOUNTAINE BLUE BLVD #308
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAQUERO, CARLOS
Address: CIUDADELA NUEVA KENNEDY 9 ESTE 120 Y CALLE
City-St-Zip: GUAYAQUIL ECUADOR, OC

Title: D () Delete
Name: GOMEZ, ADOLFO
Address: 9631 FOUNTAINBLEAU BLVD #308
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: ZOHRE, JAIME
Address: 8145 N.W. 7TH ST., #110
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOMEZ, ADOLFO
Address: 4660 SW 72ND AVENUE
City-St-Zip: MIAMI, FL 33155

Title: ST (X) Change () Addition
Name: VAQUERO, LAURA
Address: 4660 SW 72ND AVENUE
City-St-Zip: MIAMI, FL 33155

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADOLFO GOMEZ

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date