


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90001 026 ***158.00

DOCUMENT # P01000040712			
1. Entity Name THE AGUIRRE AGENCY INC.			
Principal Place of Business 626 SW 40TH STREET SUITE 2-I MIAMI FL 33155		Mailing Address 13171 SW 10TH LANE MIAMI FL 33184	
2. Principal Place of Business 13171 S.W. 10 lane		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33184	Country Code	Zip	Country
6. Name and Address of Current Registered Agent AGUIRRE, MARTHA 13171 SW 10TH LANE MIAMI FL 33184		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS AGUIRRE, MARTHA 13171 SW 10TH LANE MIAMI FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE

CR2E034 (4/04)

4. FEI Number **65-1095124**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 as an attachment with an address with all other like empowered.

SIGNATURE:  **(Martha Aguirre)** 9/1/04 (305) 305-6270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #