2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000067400

1. Entity Name
AGAL, CORP.

Principal Place of Business	Mailing Address
1234 SW 150 PL.	1234 SW 150 PL.
MIAMI, FL 33194	MIAMI, FL 33194

DO NOT WRITE IN THIS SPACE

05012008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1127303	Not Applicable

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

6. Name and Address of Current Registered Agent

OLIVARES, LUIS
1234 SW 150 PL.
MIAMI, FL 33194

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IN THIS SPACE

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DPT
NAME	OLIVARES, LUIS
STREET ADDRESS	1234 SW 150 PL.
CITY-ST-ZIP	MIAMI, FL 33194

TITLE	DVPS
NAME	OLIVARES, LISSET H
STREET ADDRESS	1234 SW 150 PL.
CITY-ST-ZIP	MIAMI, FL 33194

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000952499
06/04/08-80083-002 550.00

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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.

SIGNATURE: _____   LUIS OLIVARES - PRES   05/01/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #