
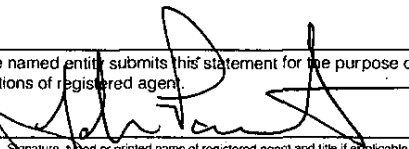
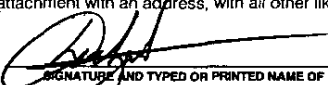


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90468 033 \*\*\*158.75

DOCUMENT # P03000019104			
1. Entity Name AGUIMENTER INC.			
Principal Place of Business 14303 SW 96TH ST., #106 MIAMI, FL 33186		Mailing Address 14303 SW 96TH ST., #106 MIAMI, FL 33186	
2. Principal Place of Business 7210 Red Road Suite, Apt. #, etc. 214		3. Mailing Address 7210 Red Road Suite, Apt. #, etc. 214	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33143	Country USA	Zip 33143	Country USA
4. FEI Number 02-0672669		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05042004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARMENTER, JOHN 8005 SW 107TH AVE., #212 MIAMI, FL 33173		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: 		JOHN PARMENTER DATE: 5/4/04	
<p><b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	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
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DAVID AGUILAE (Pres) 5/4/04 305-502-5966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

241074218



Attachment  
2/10/18

#P03000019104

Current List of Officers:

**President**

David Aguilar  
15893 SW 141 ST  
Miami, FL 33196

**Vice-President**

John Parmenter  
8005 SW 107 AVE, #212  
Miami, FL 33173