

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90029 001 ***158.75

DOCUMENT # P03000028331

1. Entity Name
AZTEC SCOOTER COMPANY



Principal Place of Business
**2312 HILL STREET
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**2312 HILL STREET
NEW SMYRNA BEACH, FL 32169**

50017650



2. Principal Place of Business

132 WEST PARK AV. STE 7

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

01152005

Chg-P

CR2E034 (10/03)

City & State

EDGEWATER FL

City & State

4. FEI Number

55-0856468

Applied For

Not Applicable

Zip

32132

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CACDAC, MANUEL
2312 HILL STREET
NEW SMYRNA BEACH, FL 32169**

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]

2/18/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
CACDAC, MANUEL
2312 HILL STREET
NEW SMYRNA BEACH, FL 32169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOD
CACDAC, MANUEL
2312 HILL STREET
NEW SMYRNA BEACH, FL 32169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/05 386 424 0069

Date

Daytime Phone #