

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000028331

1. Entity Name
AZTEC SCOOTER COMPANY



Principal Place of Business
132 WEST PARK AVE STE 7
EDGEWATER, FL 32132

Mailing Address
2312 HILL STREET
NEW SMYRNA BEACH, FL 32169



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0856468

Applied For
Not Applicable

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

**DO NOT WRITE
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, type or printed name of registered agent and fee if applicable

MANUEL CACDAC 4.28.06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000561894
05/19/06-80033-004 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

MANUEL CACDAC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4.28.06 (386) 424-0069