2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 27, 2007 08:00 All Secretary of State DOCUMENT # P03000059405 1. Entity Name ROBERT AGUILAR, P.A. Mailing Address Principal Place of Business P.O. BOX 855 P.O. BOX 855 ORANGE PARK, FL 32067-0855 ORANGE PARK, FL 32067-0855 04252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0028549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGUILAR, ROBERT DO NOT WRITE 1045 N ORANGE AVE GREEN COVE SPRINGS, FL 32043 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 trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE AGUILAR, ROBERT NAME STREET ADDRESS P.O. BOX 855 CITY-ST-ZIP ORANGE PARK, FL 320670855 TITLE 1000000737162 NAME 05%14707#80017#006#150#00 STREET ADORESS CFTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information is true any accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information indicated on this report or suppl of the corporation or the receive changed, or on an attachme

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED