

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078140

Entity Name: AGA BROKERS CORP.

FILED  
Feb 22, 2006  
Secretary of State

## Current Principal Place of Business:

560 RIDGEWOOD ROAD  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 490252  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 20-0091579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGUIRRE, ANTONIO G  
560 RIDGEWOOD RD.  
KEY BISCAYNE, FL 33149 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: AGUIRRE, ANTONIO G  
Address: 560 RIDGEWOOD ROAD  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SECR ( ) Delete  
Name: WOLMAN, VERONICA C  
Address: 560 RIDGEWOOD ROAD  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PSTD (X) Change ( ) Addition  
Name: WOLMAN, VERONICA C  
Address: 560 RIDGEWOOD ROAD  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PSTD ( ) Change (X) Addition  
Name: AGUIRRE, ROLANDO P  
Address: 560 RIDGEWOOD ROAD  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PSTD ( ) Change (X) Addition  
Name: ROMANO, LAURA  
Address: MAYLING CLUB DE CAMPO - UF 926  
City-St-Zip: PILAR, BS 1629 AR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO AGUIRRE

PSTD

02/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date