## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Apr 07, 2005 08:00 AM Secretary of State

1. Entity Nan	OCUMENT # P03000122597 Entity Name AIGON PLAZA II, INC.				Sec	cretary of State
Principal Place 3713 E COL	e of Business	Mailing Address 3713 E COLONIAL DR	- ·			
ORLANDO, F		ORLANDO, FL 32803		}		
			·			
	·		1	<b>                                    </b>		
<b></b>			03302005	No Chg-P	CR2E034 (10/03)	
L	O NOT WRITE	CE	4. FEI Numb		Applied For	
				20-035	e of Status Desired	Not Applicable  \$8.75 Additional
	6. Name and Address of Current R	egistered Agent	<del></del>	Or Comment		Fee Required
TRAN, LO	NG V			<b>D</b> O		· 50% - 5 - 100 - 5 - 10
3713 E COLONIAL DR			DO NOT WRITE			
ORLANDO, FL 32803				- IN .	THIS SF	PACE
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 title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees		
10.	OFFICERS AND D	RECTORS		- Tree &	<del> </del>	
TITLE NAME	TRAN, LONG V				Haaaaa	
STREET ADDRESS CITY-ST-ZIP	3713 E COLONIAL DR ORLANDO, FL 32803		•		04/07/05-8	90951 0010-009 150.00
TITLE	OKENNOO, FE 32803					200, 50
NAME STREET ADDRESS			Ì			
CITY-ST-ZIP						}
TITLE					*	f
NAME STREET ADDRESS				no	NOT W	
CITY-ST-ZIP	·		1		NOT W	
title Name			•	IN '	THIS SF	PACE
STREET ADDRESS						
TITLE			1			
NAME			[			ļ
STREET ADDRESS CITY-ST-ZIP			[			
YITLE			1	•		ļ
NAME STREET ADDRESS						
CITY-ST-ZIP		)	<u> </u>			
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 anyaddress, with all other like empowered.						