

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90281 022 \*\*\*150.00

**DOCUMENT # P040Q0005672**

1. Entity Name  
**JOHN ASTUDILLO INC.**



Principal Place of Business  
**6075 WEST 20 AVENUE  
HIALEAH, FL 33012**

Mailing Address  
**6075 WEST 20 AVENUE  
HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**41-2121861**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ASTUDILLO, JOHN  
6075 WEST 20 AVENUE  
HIALEAH, FL 33012**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**4/4/06**  
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  
**P  
ASTUDILLO, JOHN  
6075 WEST 20 AVENUE APT 315  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/06 (309) 761-5897**  
Date Daytime Phone #