
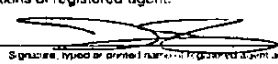
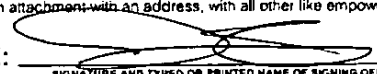


FILED
May 17, 2007 8:00 am
Secretary of State

04-23-2007 90046 043 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # P04000005672			
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	
2. Principal Place of Business - No P.O. Box # 767 del Prado dr.		3. Mailing Address 767 del Prado dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee		City & State Kissimmee	
Zip 34758	Country U.S.A.	Zip 34758	Country U.S.A.
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ASTUDILLO, JOHN 6075 WEST 20 AVENUE HIALEAH, FL 33012		Name ASTUDILLO JOHN	
		Street Address (P.O. Box Number is Not Acceptable) 767 del Prado dr.	
		City Kissimmee FL Zip Code 34758	
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 		DATE 4/17/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASTUDILLO, JOHN 6075 WEST 20 AVENUE APT 315 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASTUDILLO, JOHN 767 del Prado dr. Kissimmee FL 34758 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 5/14/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE/TIME PHONE #	