

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000028375		
1. Entity Name AZTECAS CORPORATION		

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90469 049 ***150.00



04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1784 S. RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119		1784 S. RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119	
4. FEI Number 20-0746598		Applied For	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
GALVIS, HERNY 1784 S. RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City		

FL Zip Code

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.

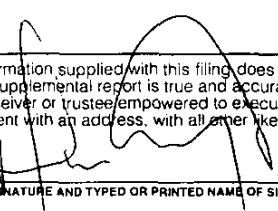
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V HENRY, GALVIS 1784 S. RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #