

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-29-2008 90022 023 ***150.00

DOCUMENT # P04000085593						
1. Entity Name GERARDO AGUILAR, INC.						
Principal Place of Business 129 LUCKY DR ORMOND BEACH, FL 32176 US			Mailing Address 26 WHITEHOUSE DR PALM COAST, FL 32164			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6 Pennsy Place				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State Palm Coast, FL		4. FEI Number 20-2210318		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 32164		Country US		Applied For Not Applicable		
6. Name and Address of Current Registered Agent AGUILAR, GERARDO 26 WHITEHOUSE DR PALM COAST, FL 32164			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6 Pennsy Place City Palm Coast FL Zip Code 32164			
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: 02/26/08		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D AGUILAR, GERARDO 26 WHITEHOUSE DR PALM COAST, FL 32164		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 Pennsy Place Palm Coast, FL 32164	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty)		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty)		
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: 3/10/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						