

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087427

FILED
Feb 21, 2007
Secretary of State

Entity Name: AGUILAR UNIVERSAL FLOOR COVERING INC

Current Principal Place of Business:

436 BRIAR BAY CIRCLE
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

436 BRIAR BAY CIRCLE
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 56-2457833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUILAR, JUAN M
436 BRIAR BAY CIRCLE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AGUILAR, JUAN M
Address: 436 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: AGUILAR, ADDIEL
Address: 436 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: AGUILAR, ASael
Address: 436 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: LASTRES, MARTA M
Address: 436 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AGUILAR, JUAN M
Address: 436 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VP (X) Change () Addition
Name: AGUILAR, ADDIEL
Address: 436 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VP (X) Change () Addition
Name: AGUILAR, ASael
Address: 436 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: S/T (X) Change () Addition
Name: LASTRES, MARTA M
Address: 436 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA M. LASTRE

S/T

02/21/2007

Electronic Signature of Signing Officer or Director

Date