

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000109380

FILED
Aug 10, 2006
Secretary of State**Entity Name:** DOUBLE A RENOVATIONS, INC.**Current Principal Place of Business:**200 NORTH DENNING DRIVE
SUITE 5
WINTER PARK, FL 327893736 US**New Principal Place of Business:**243 W KENNEDY BLVD
SUITE C
ORLANDO, FL 32810 US**Current Mailing Address:**PO BOX 163198
ALTAMONTE SPRINGS, FL 32714 US**New Mailing Address:**PO BOX 163198
ALTAMONTE SPRINGS, FL 32716 US**FEI Number:** 20-1411039**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAYORGA, AUGUST C
200 NORTH DENNING DRIVE
SUITE 5
WINTER PARK, FL 327893736 US**Name and Address of New Registered Agent:**MAYORGA, AUGUST C
243 W KENNEDY BLVD
SUITE C
ORLANDO, FL 32810 US

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: AUGUST C MAYORGA

08/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: ASENJO, ANTONIO E
Address: 1804 PEGASUS DRIVE
City-St-Zip: APOPKA, FL 32703 US**Title:** VP () Delete
Name: ASENJO, PEDRO A
Address: 2923 HANOVER COURT
City-St-Zip: APOPKA, FL 32703 US**Title:** VP () Delete
Name: RESTREPO, LUCY C
Address: 1804 PEGASUS DRIVE
City-St-Zip: APOPKA, FL 32703 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTONIO E ASENJO

P

08/10/2006

Electronic Signature of Signing Officer or Director

Date