

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000003928**

1. Entity Name  
**AGUILA SANDWICH SHOP CORPORATION**



Principal Place of Business  
**3200 WEST HILLSBOROUGH AVE.  
TAMPA, FL 33614**

Mailing Address  
**3200 WEST HILLSBOROUGH AVE.  
TAMPA, FL 33614**



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2145277</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AGUILA, MARIO  
3200 W HILLSBOROUGH AVE  
TAMPA, FL 33614**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	AGUILA, MARIO
STREET ADDRESS	3200 WEST HILLSBOROUGH AVE.
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	D
NAME	AGUILA, ANGELA
STREET ADDRESS	3200 WEST HILLSBOROUGH AVE.
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**14/25/08**  
Date Daytime Phone #

U000000939132  
05/27/08-80080-017 158.75

**DO NOT WRITE  
IN THIS SPACE**