

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90048 010 ***150.00

DOCUMENT # P05000090526

1. Entity Name

ARAGON PROPERTY MANAGEMENT, INC.



Principal Place of Business
1510 MALAGA AVENUE
CORAL GABLES FL 33134

Mailing Address
1510 MALAGA AVENUE
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

60 Aragon Avenue

Suite, Apt. #, etc.

3. Mailing Address

60 Aragon Avenue

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Coral Gables, Florida

Zip 33134

Country USA

City & State

Coral Gables, Florida

Zip 33134

Country USA

4. FEI Number 20-3083445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABELLA, ORLANDO J
1510 MALAGA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Orlando J. Abella

Street Address (P.O. Box Number is Not Acceptable)

60 Aragon Avenue

City Coral Gables

FL

Zip Code 33134

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PST
ABELLA, ORLANDO J
1510 MALAGA AVENUE
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
ABELLA, ILIANA
1510 MALAGA AVENUE
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY- ST- ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

1-19-07 305-444-9979