## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000062563

Entity Name: AG HANDYMAN REPAIR, CORP.

FILED Mar 22, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place	e of Business:	
94 SUSSE APT # E WEST PAI	X LM BEACH, FL	33417	US			
Current Mailing Address:				New Mailing Address:		
94 SUSSE APT # E WEST PAI	X LM BEACH, FL	33417	US			
FEI Number:	20-4814825	FEI Num	ber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
2620 BUT	ISORY SERVICE TONWOOD AVE , FL 33025 U	_				
	named entity su e of Florida.	bmits th	is statement for the	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signatu	ıre of Registered Ag	ent	Date	
Election Car	npaign Financing 1	rust Fun	d Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D GIL, ALCIDES 94 SUSSEX APT : WEST PALM BEA	# E	3417 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () D GIL, GEISER A 2181 SE ALDEN S PORT ST LUCIE,	ST .	4 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ALCIDES GIL P 03/22/2007