

FILED

2007 OCT 22 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000073410					
1. Entity Name ALOE VERA SUPPLIES INC.					
Principal Place of Business 900 NW 22ND ST MIAMI, FL 33127			Mailing Address 900 NW 22ND ST MIAMI, FL 33127		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-5005559			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DIAZ, ELENA 601 SW 57TH AVE STE E MIAMI, FL 33144			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 renewing.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ARAGON, GENARO		NAME		
STREET ADDRESS	10402 NW 133RD ST		STREET ADDRESS		
CITY-STATE-ZIP	HAIALEAH GARDENS, FL 33015		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ARAGON, TEODORO		NAME		
STREET ADDRESS	8150 OLD CUTLER RD		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33143		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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: <u>GENARO ARAGON</u>		10-15-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			