2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090258

City-St-Zip:

KISSIMMEE, FL 34758 US

Entity Name: EL AGUILA EXPRESS INC.

FILED Mar 20, 2007 Secretary of State

Entity Nam	IE: EL AGUIL	A EXPRESS INC.					
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
661 ELBRID KISSIMMEE	DGE DR E, FL 34758	US					
Current Mailing Address:			New Maili	New Mailing Address:			
661 ELBRID KISSIMMEE	DGE DR E, FL 34758	US					
FEI Number:	20-5157389	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	ed ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
GARCIA, JUAN 1240 SIMPSON RD KISSIMMEE, FL 34744 US			661 ELBRII	AVILA, APOLONIO 661 ELBRIDGE RD KISSIMMEE, FL 34758 US			
The above in the State		submits this statement for the pu	urpose of changing i	ts registered o	office or registered agent,	or both,	
SIGNATUR	E: APOLONI	O AVILA		03/20/2007			
	Electron	ic Signature of Registered Ager	nt	Date			
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIREC	FORS:	ADDITION	S/CHANGES	TO OFFICERS AND DI	RECTORS:	
Title: Name: Address: City-St-Zip:	P () AVILA, APOLON 661 ELBRIDGE KISSIMMEE, FL	DR	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () AVILA, MARIA E 661 ELBRIDGE KISSIMMEE, FL	DR	Title: Name: Address: City-St-Zip:	VP (X AVILA, APOLO 661 ELBRIDGE KISSIMMEE, F	E DR		
Title: Name: Address:	SEC (X) AVILA, CARLOS 661 ELBRIDGE		Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: APOLONIO AVILA MR 03/20/2007