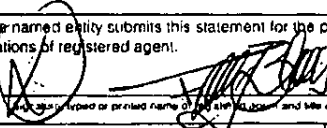
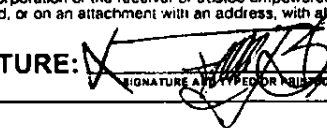


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2007-90002-025-\$150.00-\$150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 16 AM 9:13

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| DOCUMENT # P06000118630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                                                                                |                                                                                                        |
| 1. Entity Name<br>NAHUEL AIQUEN CORP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                                                                                                                                                                 |                                                                                                        |
| Principal Place of Business<br>6490 W. 25 CT.<br>HIALEAH, FL 33016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 | Mailing Address<br>6490 W. 25 CT.<br>HIALEAH, FL 33016                                                                                                                                                          |                                                                                                        |
| 2. Principal Place of Business - No P.O. Box #<br>270 E 7 ST #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 | 3. Mailing Address<br>270 E 7 ST #2                                                                                                                                                                             |                                                                                                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 | Suite, Apt. #, etc.                                                                                                                                                                                             |                                                                                                        |
| City & State<br>Hialeah FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | City & State<br>Hialeah FL                                                                                                                                                                                      |                                                                                                        |
| Zip<br>33010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | Zip<br>33010                                                                                                                                                                                                    |                                                                                                        |
| Country<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 | Country<br>US                                                                                                                                                                                                   |                                                                                                        |
| 4. FEI Number<br>20-5686370                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 | Applied For<br>Not Applicable                                                                                                                                                                                   |                                                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 | \$8.75 Additional Fee Required                                                                                                                                                                                  |                                                                                                        |
| 6. Name and Address of Current Registered Agent<br>BLASCO, FERNANDO J.<br>6490 W. 25 CT.<br>HIALEAH, FL 33016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>270 E 7 ST #2<br>City<br>Hialeah FL Zip Code<br>33010                                              |                                                                                                        |
| 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.<br>SIGNATURE:  DATE: 9/7/07                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                                                                                                                                                                                 |                                                                                                        |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 14, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                           |                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>BLASCO, FERNANDO J.<br>6490 W. 25 CT.<br>HIALEAH, FL 33016 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>270 E 7 ST #2<br>Hialeah FL 33010 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>B 10/18/07                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>REINSTATEMENT                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 | Date: 9/7/07                                                                                                                                                                                                    |                                                                                                        |