
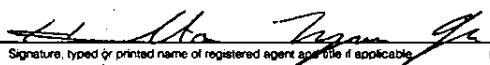



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90067 045 ***150.00

DOCUMENT # P06000147579 1. Entity Name AZTLAN SOD, INC.			
Principal Place of Business 4881 CYPRESS WOODS DRIVE 3209 ORLANDO, FL 32811 US		Mailing Address 4881 CYPRESS WOODS DRIVE 3209 ORLANDO, FL 32811 US	
2. Principal Place of Business - No P.O. Box # 4925 Emilee Grace LN Suite, Apt. #, etc.		3. Mailing Address 4925 Emilee Grace Ln Suite, Apt. #, etc.	
City & State Saint Cloud, FL Zip Country 34771 U.S.		City & State Saint Cloud, FL Zip Country 34771 US	
4. FEI Number 20-5941914		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEJIA, HUMBERTO JR 4881 CYPRESS WOODS DRIVE 3209 ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name Mejia, Humberto JR. Street Address (P.O. Box Number is Not Acceptable) 4925 Emilee Grace Lane City Saint Cloud FL Zip Code 34771	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating) DATE 4/30/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEJIA, HUMBERTO JR 4881 CYPRESS WOODS DRIVE #3209 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEJIA, HUMBERTO SR 4881 CYPRESS WOODS DRIVE #3209 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S MEJIA, HUMBERTO JR 4881 CYPRESS WOODS DRIVE #3209 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/30/07 Daytime Phone #: 321-267-5959	