2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

DOCUMENT # P07000120343 1. Entity Name C.R.A. AGUILERA & ASSOCIATES INC,					04-10-2008 90019 042 ***150.00				
Principal Place of Business Mailing Address 355 76 ST. 355 76 ST. MIAMI BEACH, FL 33141 US MIAMI BEACH, FL 33141			41 US			##\$###################################	EITI IITIT HEN GIII		
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Numbe	26-0495	687		plied For I Applicable	
Zip	Country	Zip	Country			of Status Desired	\$	8.75 Add ee Require	litional d
6	. Name and Address of Current	Registered Agent			7. Name and	Address of New			
-AGUILERA, CARLOS J.SR 250 181 DRIVE 402 SUNNY ISLES, FL 33160				Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e
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, speed or printed name of registered agent, and the till approache. (NOTE: Registered Agent arguspure regulated when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May.1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								-	
10.					ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
STREET ADDRESS 35	GUILERA, CARLOS R JR. 5 76 ST. AMI BEACH, FL 33141	☐ Delete						Change	☐ Addition
STREET ADDRESS 25	O GUILERA, CARLOS J SR. 0-181 DRIVE JNNY ISLES BEACH, FL 3316	□ Delete				114		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·					-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certif	ly that the infor ph ation supplied with	Delete	CITY	T AODRESS ST-ZIP	ed in Chapter 119	Florida Statutes		Change	Addition

indicated on this report or sto lemental 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2008

305)861621