## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000134790

**FILED** Apr 28, 2009 Secretary of State

Entity Name: AGUILAR FLOORING, CORP. **Current Principal Place of Business: New Principal Place of Business:** 207 W 65TH STREET #101 HIALEAH, FL 33012 **New Mailing Address: Current Mailing Address:** 207 W 65TH STREET #101 HIALEAH, FL 33012 FEI Number: 26-1641560 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOZA, KAREN 207 W 65TH. STREET #101 HIALEAH, FL 33012 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete Title: (X) Change ( ) Addition SOZA, KAREN SOZA, KAREN Name: Name: 207 WEST 65TH ST #101 Address:

Title:

205 W. 65TH. STREET, SUITE #108 Address:

City-St-Zip: HIALEAH, FL 33012

Title: () Delete Name: PONCE, CARLOS

205 WEST 65TH ST., APT. 108 Address: HIALEAH, FL 33012 City-St-Zip:

Title: (X) Change ( ) Addition AGUILAR, CARLOS Name: Address: 207 WEST 65TH ST #101

HIALEAH, FL 33012

HIALEAH, FL 33012

City-St-Zip:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: KAREN SOZA 04/28/2009