

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000074869

FILED
Apr 20, 2005
Secretary of State

Entity Name: AGOSTO ASSEMBLERS, INC

Current Principal Place of Business:

189 JAMAICA LANE
ORLANDO, FL 32839 US

New Principal Place of Business:

189 JAMAICA LANE
ORLANDO, FL 32809 US

Current Mailing Address:

189 JAMAICA LANE
ORLANDO, FL 32839 US

New Mailing Address:

189 JAMAICA LANE
ORLANDO, FL 32809 US

FEI Number: 59-3202255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGOSTO, MICHAEL A
189 JAMAICA LANE
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

AGOSTO, MICHAEL J
189 JAMAICA LANE
ORLANDO, FL 32809 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: MICHAEL AGOSTO

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AGOSTO, MICHAEL A
Address: 189 JAMAICA LANE
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AGOSTO, MICHAEL J
Address: 189 JAMAICA LANE
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: MICHAEL AGOSTO

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date