## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000072016

## **FILED** Feb 21, 2006 8:00 am Secretary of State

| 1. Entity Name AGLO GROUP, INC.   |  |  |                                   |  |  |  | 02-21-2006 90012 034 *** 130.00                                  |               |                                |                         |                    |  |
|---|--|--|-----------------------------------|--|--|--|--|---------------|--------------------------------|-------------------------|--------------------|--|
| 1121 ANDORA AVE.  |  |  |                                   | Mailing Address C/O 1121 ANDORA AVE CORAL GABLES, FL 33146-214 US  |  |  | 60020022   |               |                                |                         |                    |  |
| Principal Place of Business     3   |  |  | 3. Mailing Address                | 3. Mailing Address   |  |  |  |               |                                |                         |                    |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.               |  |  |  | 02152006 Chg   | g-P           | CR2E034 (1                     | 1/05)                   |                    |  |
| City & State  |  |  | City & State                      |  |  | 4. FEI Number<br>65-0523215                          |  |               |                                | plied For<br>Applicable |                    |  |
| Zip   | Country  |  | Zip                               | Zip Counti   |  | 5. Certificate of Status Desir                       |  | Desired       | \$8.75 Additional Fee Required |                         |                    |  |
| - · · · - ·   | 6. Name  | and Address of Currer                              | nt Registered Agent               | nt -   |  |  | 7. Name and Address of New Registered Agent                      |               |                                |                         |                    |  |
|   |  |  |                                   |  | Name   |  |  |               |                                |                         |                    |  |
| VAZQUEZ   | ORA AVE  |  |                                   |  |  | Street Address (P.O. Box Number is Not Acceptable)   |  |               |                                |                         |                    |  |
| CONALGA   |  |  |                                   |  |  |  |  |               |                                |                         |                    |  |
|   |  |  |                                   |  | City   |  | •  |               | FL   Zi                        | p Code                  | ı                  |  |
|   | named entity<br>tions of regist                    |  | for the purpose of changing       | its register   | ed office or re  | egistere   | ed agent, or both, in the  | State of Flor | ida. I am familia              | r with, a               | and accept         |  |
| SIGNATURE   | Signature, typed                                   | or printed name of registered age                  | ant and title if applicable. (N   | DIE Registere  | ed Agent signature   | required   | when reinstating)  |               | DATE                           |                         |                    |  |
|   |  | FEE IS \$150.00<br>6 Fee will be \$550             | 9. Election Camp<br>Trust Fund Co | -  |  |  | 00 May Be<br>ed to Fees  |               |                                |                         |                    |  |
| 10.1 /-   |  | OFFICERS AN  | ID DIRECTORS                      | 11.  |  |  | ADDITIONS/CHANGI   | S TO OFFIC    | CERS AND DIRE                  | CTORS                   | 71N 11             |  |
| A   | 3530   |  | ra .                              | TETL   | E /  |  | 'n   |               | <b>X</b> [X] C                 | nange                   | Addition           |  |
| TÍTLE ().<br>(Alfan)  | MAZOUEZ  | 7 01 04 1/   | ☐ Defete                          | MALA   |  | V/S/   |  |               | 1                              |                         |                    |  |
| NAME -  | i  | Z, OLGA V<br>DORA AVE                              | L_J Delete                        | NAM<br>STRE  | LET + DODDECC \[ \begin{array}{c} \langle \lan | VAZÇ   | UEZ, OLGA V.   |               | 41                             |                         |                    |  |
| . ,   | 1121 AND   | Z, OLGA V<br>DORA AVE<br>BABLES, FL                | t_1 Delete                        | STRE   | LET + DODDECC \[ \begin{array}{c} \langle \lan | VAZÇ   | UEZ, OLGA V.   |               |                                |                         |                    |  |
| NAME!<br>STREET ADDRESS   | 1121 AND   | ORA AVE  | L Delete                          | STRE   | EET ADDRESS  | VAZO<br>1121<br>Cora                                 | QUEZ, OLGA V.<br>Andora Ave,<br>I Gables, Fl                     | 33146         | i=3214<br>XX ci                | <br>range               | ☐ Addition         |  |
| NAME:<br>STREET ADDRESS<br>CHY-ST-ZIP   | 1121 AND<br>CORAL G<br>LIVSI<br>VAZQUEZ            | OORA AVE<br>BABLES, FL<br>Z, GEORGE A              |                                   | STRE<br>CITY<br>TITLI<br>NAM   | EET ADDRESS (-ST-ZIP E E KE  | VAZO<br>1121<br>Cora<br>P/T/<br>VAZO                 | OUEZ, OLGA V.<br>Andora Ave<br>L Gables, Fi<br>D<br>OUEZ, GEORGE | 33146         | =3214<br>XX c                  | <br>nangé               | Addition           |  |
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A THE BOA

Indicated in this report or 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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:

June Q. Vagged George A. Vazquez signing officer or director President

02/16/2006 (305)467-3410