2007 FOR PROFIT CORPORATION

FILED Apr 02, 2007 8:00 am Secretary of State

ANNUAL KEPUK I					Secretary or State			
DOCU	MENT # P98000003			04-02-200	7 90057 031 ***1:	50.00		
1. Entity Name								
AGA CONTRACTORS, INC.								
Principal Plac	o of Queinose	Mailing Address			~~~	1944		
Principal Place of Business 13984 LAKE LURE COURT		13984 LAKE LURE COUR	Т					
MIAMI LAKES, FL 33014		MIAMI LAKES, FL 33014						
					n rejah lasih dalih delik da	III BSIII BRISH ISIII ISBBE IIITE III		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
3611 W 2ND CT		3611 W 2ND CT		E	# FRIET INTIL ##111 ##111 ##	ILIJ 88111 88188 13311 18888 11188 13	1001 120	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262007	Chg-P	CR2E034 (12/06)		
HIALEAH, FLORIDA City & State		HIALEAH, FLORIDA City & State		4. FEI Numb	er	l lAn	plied For	
Ony & Galler		City & State			65-0818974 Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add		
33012	USA	33012	USA			Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
GAMEZ, ARMANDO				GAMEZ, ARMANDO Street Address (P.O. Box Number is Not Acceptable)				
	KE LURE COURT KES, FL 33014			acress (P.O. Box Numb		ie; 		
IVIIAWII LAI	NES, FL 33014							
			City			FL Zip Code		
The above named entity submits this statement for the purpose of changing its register.				IALEAH,	th in the State of E		· -	
	tions of registered agent.	or the purpose of changing its re	gistered diffice of	registered agent, or bo	ui, iii uie State of F	ionda, Familianina willi,	and accept	
CICNATURE								
SIGNATURE.	Signature, typed or printed name of registered agent	and bile if applicable. (NOTE: F	Registered Agent signate	ure required when reinstating)		DATE		
_		O. Floritos Compaia	n Financiae	65 00 ·· -				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
			•	A DOUTION OF	(0) (4) (0) (0)	FIGERS AND DIRECTOR	\ 1.1.4.4	
10.	OFFICERS AND	Delete	11.		CHANGES TO OF	FICERS AND DIRECTOR:	Addition	
NAME	GAMEZ, ARMANDO	Detate	NAME	PSTD		Onlings		
STREET ADDRESS	13984 LAKE LURE COURT STRE		STREET ADDRESS					
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	3611 W 2N HIALEAH,				
TITLE NAME		☐ Delete	TITLE NAME	IIIADDAII,	11 33012	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP								
TITLE			CITY-ST-ZIP					
		☐ Delete	CITY-ST-ZIP			Change	☐ Addition	
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS			☐ Change	Addition	
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STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE THE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OP SIGNING OFFICER OR DIRECTOR DRES IDENT

Date

412-3447

GAMEZ ARM AND O