
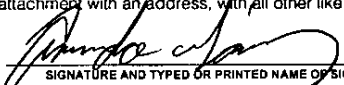


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90057 031 ***150.00

DOCUMENT # P98000003733					
1. Entity Name AGA CONTRACTORS, INC.					
Principal Place of Business 13984 LAKE LURE COURT MIAMI LAKES, FL 33014			Mailing Address 13984 LAKE LURE COURT MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box # 3611 W 2ND CT		3. Mailing Address 3611 W 2ND CT			
Suite, Apt. #, etc. HIALEAH, FLORIDA		Suite, Apt. #, etc. HIALEAH, FLORIDA			
City & State		City & State			
Zip 33012		Country USA		33012 USA	
6. Name and Address of Current Registered Agent GAMEZ, ARMANDO 13984 LAKE LURE COURT MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name GAMEZ, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 3611 W 2ND CT City HIALEAH, FL Zip Code 33012		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GAMEZ, ARMANDO 13984 LAKE LURE COURT MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GAMEZ, ARMANDO 3611 W 2ND CT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. 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 OF SIGNING OFFICER OR DIRECTOR ARMANDO GAMEZ		PRESIDENT	
				Date 3/29/07	
				Daytime Phone # (786) 412-3447	