

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106865

FILED
May 18, 2006
Secretary of State

Entity Name: AGENCIA 12 Y 23, INC.

Current Principal Place of Business:

4625 N. LOIS AVENUE
TAMPA, FL 33614

New Principal Place of Business:

5027 N. LOIS AVENUE
TAMPA, FL 33614

Current Mailing Address:

4625 N. LOIS AVENUE
TAMPA, FL 33614

New Mailing Address:

5027 N. LOIS AVENUE
TAMPA, FL 33614

FEI Number: 59-3613145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, JOSE E
7883 BRISTOL PARK DRIVE
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PM () Delete
Name: MENDOZA, JOSE E
Address: 7883 BRISTOL PARK DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP () Delete
Name: LOPEZ, ROBERTO
Address: 4513 W. JEAN ST
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: LOPEZ, OLGA C
Address: 4513 W. JEAN ST
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: MENDOZA, JADE L
Address: 4513 WEST JEAN ST
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: MENDOZA, JANY
Address: 7883 BRISTOL PARK DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: JOSE E MENDOZA

PM

05/18/2006

Electronic Signature of Signing Officer or Director

Date