

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000072038

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** AGUILAR FRAMING ENTERPRISES INC

**Current Principal Place of Business:**

430 MICHIGAN ESTATES CIR.  
ST. CLOUD, FL 347695318

**New Principal Place of Business:**

430 MICHIGAN ESTATES CIR.  
ST. CLOUD, FL 34769

**Current Mailing Address:**

430 MICHIGAN ESTATES CIR.  
ST. CLOUD, FL 347695318

**New Mailing Address:**

430 MICHIGAN ESTATES CIR.  
ST. CLOUD, FL 34769

FEI Number: 45-3525963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGUILAR, ORLANDO  
430 MICHIGAN ESTATES CIR.  
ST. CLOUD, FL 347695318 US

**Name and Address of New Registered Agent:**

AGUILAR, ORLANDO  
430 MICHIGAN ESTATES CIR.  
ST. CLOUD, FL 34769 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AGUILAR, ORLANDO  
Address: 430 MICHIGAN ESTATES CIR.  
City-St-Zip: ST. CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: ORLANDO AGUILAR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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01/30/2012

\_\_\_\_\_  
Date