2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76189

City-St-Zip: FORT LAUDERDALE, FL 33304

Entity Name: A.G.M. INSURANCE AGENCY, INC.

FILED May 25, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place o	New Principal Place of Business:	
	T BROWARD B	OULEVA	RD			
SUITE 2 FORT LAU	JDERDALE, FL	33301	US			
Current Mailing Address:				New Mailing Address	New Mailing Address:	
P.O. BOX FORT LAI	4848 JDERDALE, FL	33338	US			
FEI Number	: 65-0108783	FEI Num	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Cu	urrent Re	egistered Agent:	Name and Address of	New Registered Agent:	
150 N.E. 1 # 251	E, R. MITCH 5TH AVENUE JDERDALE, FL	33301 (Js			
	e named entity su e of Florida.	ubmits th	is statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electronic	c Signatu	re of Registered Ag	ent	Date	
	ce with s. 607.193 mpaign Financing			ot receive the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()[RENFROE, R. MI 717 N.E. 18TH A' FORT LAUDERD	VENUE	3304	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	STVD ()[RENFROE, VIRG 717 N F 18TH A			Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: R. MITCH RENFROE PRES 05/25/2008