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OFFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90253 024 ***150.00

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Entity Name
AMERICAN GENTECH PLUS, INC.



Principal Place of Business	Mailing Address
2970 NW 96 ST MIAMI, FL 33147	13935 NW 1ST AVE MIAMI, FL 33168



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2295698	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

PS&A FINANCIAL SERVICES CORP.
13935 NW 1ST AVE.
MIAMI, FL 33168

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity, submit 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREZ, EMILIO
STREET ADDRESS	4998 SW 10TH ST 2970 N.W. 96 ST
CITY-ST-ZIP	MIAMI, FL 33134 MIAMI, FL 33147
TITLE	VD
NAME	PEREZ, ODALYS
STREET ADDRESS	2970 NW 96 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Perez Emilio/Roa 2/23/06 305 769 1911

Date

Daytime Phone #