

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90324 017 \*\*\*150.00

DOCUMENT # P93000063235  
 1. Entity Name  
 AGP '93 CORP.

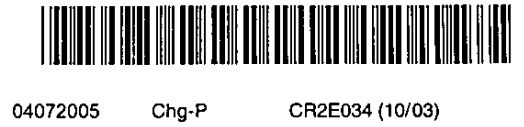


Principal Place of Business: %PETER LAWRENCE CO. 4710 EISENHOWER BLVD., C-1 TAMPA, FL 33634  
 Mailing Address: %PETER LAWRENCE CO. 4710 EISENHOWER BLVD., C-1 TAMPA, FL 33634

14000100

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country



04072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 ABRAMS, ALLAN  
 4710 EISENHOWER BOULEVARD  
 SUITE C-1  
 TAMPA, FL 33634

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: DC	<input type="checkbox"/> Delete
NAME: ABRAMS, ALLEN	
STREET ADDRESS: 4710 EISENHOWER BLVD.	
CITY-ST-ZIP: TAMPA, FL 33634	
TITLE: VC	<input type="checkbox"/> Delete
NAME: SHAPIRO, JAMES J.	
STREET ADDRESS: 4710 EISENHOWER BLVD., C-1	
CITY-ST-ZIP: TAMPA, FL 33634	
TITLE: DT	<input type="checkbox"/> Delete
NAME: ABRAMS, ELAINE	
STREET ADDRESS: 4710 EISENHOWER BLVD	
CITY-ST-ZIP: TAMPA, FL 33634	
TITLE: S	<input type="checkbox"/> Delete
NAME: LLEWELLYN, ROBERTA	
STREET ADDRESS: 4710 EISENHOWER BLVD.	
CITY-ST-ZIP: TAMPA, FL 33634	
TITLE: P	<input type="checkbox"/> Delete
NAME: HOOVER, KRISTOPHER M	
STREET ADDRESS: 4710 EISENHOWER BLVD SUITE C-1	
CITY-ST-ZIP: TAMPA, FL 33634	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Abrams, Allan	
STREET ADDRESS: 4710 Eisenhower Blvd., STE C1	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: STE C-1	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: STE C-1	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kristopher M. Hoover Date: 4/24/05 Daytime Phone #: 813-889-8852