


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000098050 1. Entity Name AMERICAN GENERAL COMMUNICATIONS, INC.	
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Principal Place of Business 5663 S.W. 2ND ST. MIAMI, FL 33134	Mailing Address 5663 S.W. 2ND ST. MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0886909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, ROGER  
 5663 S.W. 2ND ST.  
 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, ROGER 5663 S.W. 2ND ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIRANDA, ROSA 5663 S.W. 2ND ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OJITO, ARMANDO 5663 SW 2ND ST. MIAMI, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000442649  
 03/04/06-80030-008 150.00

12. 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: Rosa Miranda ROSA MIRANDA Date: 2/17/2006 Daytime Phone #: 305-267-5058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR