


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 015 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V46919
 1. Entity Name
 A,G.BUSINESS CO,



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 19208 N.E. 25th AVE
 Suite, Apt. #, etc.
~~303~~ 3303
 City & State
 N. MIAMI BEACH FL
 Zip 33180 Country U.S.A.

3. Mailing Address
 SAME
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 65-0431203
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name ELLA FRANK
 Street Address (P.O. Box Number is Not Acceptable)
 19208 N.E. 25th AVE #303
 City N. MIAMI BEACH FL Zip 33180

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.

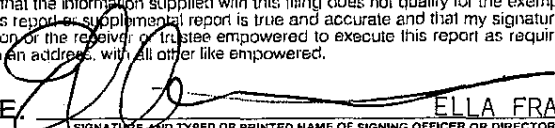
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLA FRANK 500 BAYVIEW DR #221 N. MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 an attachment with an address, with all other like empowered.

SIGNATURE  ELLA FRANK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/7/03 Daytime Phone #

CR2E034B (12/02)