
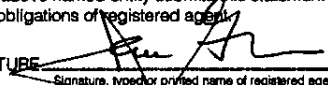



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90045 047 ***158.75

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| DOCUMENT # P98000101782 | |  | |
| 1. Entity Name AGS PROPERTIES CORPORATION | | Principal Place of Business 2780 SW 37 AV 205 MIAMI, FL 33133 US | |
| Mailing Address C/O SQUARE ONE ASSOCIATES, INC. P.O. BOX 165539 MIAMI, FL 33116-5539 US | | 2. Principal Place of Business 290 N.W. 165 STREET | |
| 3. Mailing Address SUITE M-400 | | City & State MIAMI, FL | |
| Suite, Apt. #, etc. SUITE M-400 | | City & State MIAMI, FL | |
| Zip 33169 | | Country USA | |
| 4. FEI Number 65-0879699 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 02042004 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent GROSSMAN, JEROME 2780 SW 37 AV SUITE 205 MIAMI, FL 33133 | | 7. Name and Address of New Registered Agent Name GROSSMAN, JEROME Street Address (P.O. Box Number is Not Acceptable) 290 N.W. 165 STREET (SUITE M-400) City MIAMI FL Zip Code 33169 | |
| 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  JEROME GROSSMAN | | DATE 02/05/2004 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SALUSTIANO COSTA LIMA DA SILVA 2780 SW 37 AV SUITE 205 MIAMI, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SALUSTIANO COSTA LIMA DA SILVA 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ELIDIA HERTZOG DA SILVA 2780 SW 37 AV SUITE 205 MIAMI, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ELIDIA HERTZOG DA SILVA 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS GROSSMAN, JEROME 2780 SW 37 AV SUITE 205 MIAMI, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS GROSSMAN, JEROME 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DA SILVA, ALVARO A 2780 SW 37 AV SUITE 205 MIAMI, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DA SILVA, ALVARO A 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address with all other like empowered. | | | |
| SIGNATURE:  V.P. JEROME GROSSMAN | | Date 02/05/2004 Daytime Phone # (305)662-6772 | |
| Signature and typed or printed name of signing officer or director | | Date | |