


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90188 003 \*\*\*150.00

DOCUMENT # P98000101782 1. Entity Name AGS PROPERTIES CORPORATION	
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Principal Place of Business 290 NW 165 ST. STE. M-400 MIAMI, FL 33169 US	Mailing Address C/O SQUARE ONE ASSOCIATES, INC. P.O. BOX 165539 MIAMI, FL 33116-5539 US
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0879699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GROSSMAN, JEROME  
290 NW 165 ST.  
STE. M-400  
MIAMI, FL 33169

**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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	VPD SALUSTIANO COSTA LIMA DA SILVA 290 NW 165 ST., STE. M-400 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELIDIA HERTZOG DA SILVA 290 NW 165 ST., STE. M-400 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GROSSMAN, JEROME 290 NW 165 ST., STE. M-400 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA, ALVARO A 290 NW 165 ST. STE. M-400 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.* **02/23/2005** (305) 662-6772  
Signature and typed or printed name of signing officer or director Date Daytime Phone #