

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101782

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: AGS PROPERTIES CORPORATION

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SQUARE ONE ASSOCIATES, INC.  
P.O. BOX 165539  
MIAMI, FL 331165539 US

**New Mailing Address:**

FEI Number: 65-0879699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: SALUSTIANO COSTA LIM, A DA SILVA  
Address: 290 NW 165 ST., STE. M-400  
City-St-Zip: MIAMI, FL 33169

Title: VPD ( ) Delete  
Name: ELIDIA HERTZOG DA SI, LVA  
Address: 290 NW 165 ST., STE. M-400  
City-St-Zip: MIAMI, FL 33169

Title: VPS ( ) Delete  
Name: GROSSMAN, JEROME  
Address: 290 NW 165 ST., STE. M-400  
City-St-Zip: MIAMI, FL 33169

Title: PD ( ) Delete  
Name: DA SILVA, ALVARO A  
Address: 290 NW 165 ST. STE. M-400  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO DA SILVA

P

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date