

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 28, 2007
Secretary of State**

DOCUMENT# P98000101782

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:

290 N.W. 165 STREET
SUITE M-400
MIAMI, FL 33169 US

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:

DA SILVA, ALVARO A
290 NW 165 ST.
STE. M-400
MIAMI, FL 33169 US

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: ALVARO DA SILVA 06/28/2007
Electronic Signature of Registered Agent Date

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 06/28/2007
Electronic Signature of Signing Officer or Director Date