

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000102534

1. Entity Name  
AGEWSN REAL, INC.



Principal Place of Business  
2585 GLADES CIRCLE  
FORT LAUDERDALE, FL 33327

Mailing Address  
2585 GLADES CIRCLE  
FORT LAUDERDALE, FL 33327



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0737409	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FINEBERG, LIBO B ESQ.  
3500 GATEWAY DRIVE  
SUITE 201  
POMPANO BEACH, FL 33069

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

U00000911471  
05/07/08-80040-022 158.75

*Disregard*

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GOLDMAN, RENEE K
STREET ADDRESS	3500 GATEWAY DR, STE 201
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	VD
NAME	GOLDMAN, RICHARD M
STREET ADDRESS	3500 GATEWAY DR, STE 201
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	VSTD
NAME	FINEBERG, LIBO B
STREET ADDRESS	3500 GATEWAY DR, STE 201
CITY - ST - ZIP	POMPANO BEACH, FL 33069
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 exemptions contained 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 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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Goldman  
Member Manager

Date

Daytime Phone #

4/9/08 954-389-2454