2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000053749

1. Entity Name
A.G.M. SILVER, INC.

FILED
Aug 25, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
55 NE 1ST ST SUITE 12 MIAMI, FL 33132	55 NE 1ST ST SUITE 12 MIAMI, FL 33132

08202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0669740

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMINOV, ABRAM
55 NE 1ST ST SUITE 12
MIAMI, FL 33132

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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.

U00000958386
08/25/08-80007-004 150.00

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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AMINOV, ABRAM
STREET ADDRESS	55 NE 1ST ST SUITE 12
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	DS
NAME	AMINOV, MANI
STREET ADDRESS	55 NE 1ST ST SUITE 12
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	DT
NAME	AMINOV, GEORGE
STREET ADDRESS	55 NE 1ST ST SUITE 12
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: George Aminov Aug 20, 2008 (305)374-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #