

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000002657

1. Entity Name  
AGMUS VENTURES, INC.



FILED

04 OCT 29 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5601 SOUTH SEMORAN BOULEVARD  
ORLANDO, FL 32822

Mailing Address  
5601 SOUTH SEMORAN BOULEVARD  
ORLANDO, FL 32822



2. Principal Place of Business  
5601 S. Semoran Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
5601 S. Semoran Blvd.  
Suite, Apt. #, etc.

10222004 REIN-P CR2E098 (6/04)

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number  
41-2096004

Applied For  
Not Applicable

Zip  
32822

Country  
USA

Zip  
32822

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name  
A. G. C. Co.

Street Address (P.O. Box Number is Not Acceptable)  
200 S. Orange Ave., Ste. 2300

City  
Orlando

FL

Zip Code  
32801

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.

Cynthia L. Harris  
as its agent

SIGNATURE *Cynthia L. Harris*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/29/04

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAYAS, LUIS J P.O. BOX 2010 CAROLINA, PR 009842010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, JUDITH 6890 WEST 52ND AVENUE, SUITE 201 ARVADA, CO 80002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRWIN, KENNETH 6890 WEST 52ND AVENUE, SUITE 201 ARVADA, CO 80002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALDONADO, ALBERTO P.O. BOX 2010 CAROLINA, PR 009842010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, TOM 6890 WEST 52ND AVENUE, SUITE 201 ARVADA, CO 80002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, FATHER DAVID 6890 WEST 52ND AVENUE, SUITE 201 ARVADA, CO 80002	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Luis J. Zayas P.O. Box 574998, Orlando, FL 32857-4998	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Allan Service 6890 West 52nd Ave. Suite 201 Arvada, CO 80002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Hudson 6890 West 52ND Ave Suite 201 Arvada, CO. 80002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 800042697448 11/12/04--01058--007 **158.75	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/04 (407) 312-5970  
Date Daytime Phone