2004 FOR PROFIT CORPORATION ANNUAL REPORT

City-St-Zip: HOLEMARPhiをSignature of Signing Officer or DirectorCity-St-Zip:

DOCUMENT# K94926

Entity Name: AG HOLDINGS, INC.

FILED Feb 02, 2004 Secretary of State

Date

| Current Pr | incipal Place | of Business: | New Princip | New Principal Place of Business: | | |
|---|--|--|--|--|---|--|
| SUITE 540 | YWOOD BLVE N OD, FL 33021 |). | | | | |
| Current Ma | ailing Address | :: | New Mailing | New Mailing Address: | | |
| SUITE 5401 | YWOOD BLVE N OD, FL 33021 |). | | | | |
| FEI Number: | 65-0122351 | FEI Number Applied For () | FEI Number Not Applic | able () | Certificate of Status Desired () | |
| Name and | Address of Co | ırrent Registered Agent: | Name and A | Address of | f New Registered Agent: | |
| 1201 HAYS SUITE 105 | | DRPORATION SYSTEM, INC. | | | | |
| The above in the State | named entity s of Florida. | ubmits this statement for the po | urpose of changing its | registered | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | | |
| | Electroni | c Signature of Registered Age | nt | | Date | |
| Election Cam | npaign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | BOKOR, MICHAI | OD BLVD., #540N | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | BOKOR, MICHAI | OD BLVD., #540N | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | KLURMAN, SÌŚE | OD BLVD., #540N | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | KLURMAN, SÌŚE | OD BLVD., #540N | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | LICHTMAN, HAR | OD BLVD., #540N | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | LICHTMAN, HAR | OD BLVD., #540N | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Florida Statem of the receiver alpeve, or o Name: | rtify.klustdhe.infk tuteso Hobirthevo Holsig.petvoe.sh r or trustee emi n√an attachmen CARUSO, DARR | னூந் ழுந்துக்கூ ற்ரformation indic all }ஓழு the same legal effect a powered to execute this report நூர் an address, with all othe | ated on thiaresport or as if made யூநிச்சந்தath; as required by Chapte | the for the supplement that I am a er 607, Floo | () Change () Addition exemption stated in Section 119.07(3)(i), ntal report is true and accurate and that an officer or director of the corporation or rida Statutes; and that my name appears () Change () Addition 02/02/2004 | |