

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000018377

FILED
Apr 28, 2006
Secretary of State

Entity Name: AGI CAPITAL, LLC

Current Principal Place of Business:

11030 SW 13TH STREET
PEMBROKE PINES, FL 33030

New Principal Place of Business:

1320 NW 161 AVE
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

11030 SW 13TH STREET
PEMBROKE PINES, FL 33030

New Mailing Address:

1320 NW 161 AVE
PEMBROKE PINES, FL 33028 US

FEI Number: 65-1147293 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PRESPERITY FARMS ROAD, #221-E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

PBA FINANCIAL SERVICES CORP
174 NE 96 ST
MIAMI, FL 33138 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: SANDRA D PEREZ

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IAMARINO, ANTONIO G
Address: 11030 SW 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33030

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IAMARINO, ANTONIO G
Address: 1320 NW 161 AVE
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANTONIO IAMARINO

P

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date