

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90136 018 ****50.00

DOCUMENT # L03000026154					
1. Entity Name AG MARKETING SOLUTIONS, LLC					
Principal Place of Business 10400 NW 33 ST., STE. 270 MIAMI, FL 33172			Mailing Address 10400 NW 33 ST., STE. 270 MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address 1800 BLADES CIR. Suite, Apt. #, etc. E-102 City & State Weston FL Zip 33327 Country			
Suite, Apt. #, etc.		Suite, Apt. #, etc. E-102			
City & State		City & State Weston FL			
Zip		Country		Zip 33327 Country	
07162004		Chg-LLC		CR2E083 (10/03)	
4. FEI Number 20-0102577				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIOS, LEOPOLDO J 1800 W 49TH ST., STE. 301 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name ROS, LEOPOLDO J Street Address (P.O. Box Number is Not Acceptable) 1800 BLADES CIR. SUITE E-102 City Weston FL Zip Code 33327		
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME GONZALEZ, ANDREINA STREET ADDRESS 1780 NW 78TH AVE CITY-ST-ZIP PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my 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:			Date 7/15/04 Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					