


FILED

Feb 14, 2005 08:00 AM

Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043922		
1. Entity Name A.G. INVESTMENT ENTERPRISES, L.L.C.		

Principal Place of Business C/O ANGELA A. GOMEZ 747 PONCE DE LEON BOULEVARD, SUITE 606 CORAL GABLES, FL 33134	Mailing Address C/O ANGELA A. GOMEZ 747 PONCE DE LEON BOULEVARD, SUITE 606 CORAL GABLES, FL 33134
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01072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0383363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ANGELA
747 PONCE DE LEON BLVD. STE. 606
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

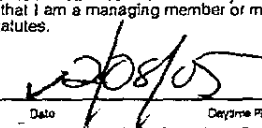
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, ANGELA A 747 PONCE DE LEON BOULEVARD, SUITE 606 CORAL GABLES, FL 33134
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02/15/05-80015-620 30.00

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:  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #