


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



01082008 No Chg-LLC CR2E083 (12/07)

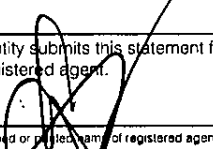
4. FEI Number 20-0383363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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:  DATE: **1/9/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75


U00000781836
 01/15/08-80051-009 138.75

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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:  DATE: **1/9/08** DAYTIME PHONE #: **(305) 444-7779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE