

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L48828**

1. Entity Name  
ANOTHER GENERATION HOLDINGS, INC.



Principal Place of Business  
1570 TOWN CENTER CIRCLE  
WESTON, FL 33326 US

Mailing Address  
2585 GLADES CIRCLE  
WESTON, FL 33327 US

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0176353

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

FINEBERG, LIBO S  
3500 GATEWAY DRIVE, SUITE 201  
POMPANO BEACH, FL 33069

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000709970  
04/25/07-80024-018 158.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
GOLDMAN, RICHARD  
1570 TOWN CENTER CIRCLE  
WESTON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
FINEBERG, LIBO  
3500 GATEWAY DRIVE, SUITE 201  
POMPANO BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
GOLDMAN, RENEE  
1570 TOWN CENTER CIRCLE  
WESTON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Goldman  
V.P.

Date

4-2-07

Daytime Phone #

954-389-2454