

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
POMPAÑO 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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000911476
05/07/08-80040-024 158.75

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
POMPAÑO 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 all other like empowered.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Goldman
Member Manager

Date

Daytime Phone #

4/9/08. 954-389-2454