


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 042 ***158.75

DOCUMENT # M52529	
1. Entity Name AG EQUITIES CORPORATION	

Principal Place of Business 444 BRICKELL AVE STE 51-426 MIAMI, FL 33139 US	Mailing Address 444 BRICKELL AVE STE 51-426 MIAMI, FL 33139 US
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2. Principal Place of Business - No P.O. Box # 444 BRICKELL AVE Suite, Apt. #, etc. STE 51-246 City & State MIAMI, FL Zip 33131	Country USA	3. Mailing Address 444 BRICKELL AVE Suite, Apt. #, etc. STE 51-246 City & State MIAMI, FL Zip 33131	Country USA
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04212007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2824335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 SE 2ND ST STE 2222-A MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMEJDA, L 444 BRICKELL AVENUE #51-246 MIAMI, FL 33131	<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	ASV ROMAN, M. 444 BRICKELL AVE, SUITE 51-246 MIAMI, FL 33131	<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	PD HAINZL, J. 444 BRICKELL AVE, SUITE 51-246 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 authority like empowered.

SIGNATURE: *M Roman* M ROMAN 04/25/07 (305) 358-4441
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #