


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90128 001 ***952.50

DOCUMENT # M52529 1. Entity Name AG EQUITIES CORPORATION					
Principal Place of Business 444 BRICKELL AVE SUITE 51-246 MIAMI, FL 33139 US			Mailing Address 444 BRICKELL AVE SUITE 51-246 MIAMI, FL 33139 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2824335	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP - AS HENNING, U. 444 BRICKELL AVE, # 51-246 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASV ROMAN, M. 444 BRICKELL AVE, SUITE 51-246 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP - AS HENNING, U. 444 BRICKELL AVE, # 51-246 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAINZL, J. 444 BRICKELL AVE, SUITE 51-246 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP - AS HENNING, U. 444 BRICKELL AVE, # 51-246 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HENNING, U. 444 BRICKELL AVE, SUITE 51-246 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP - AS HENNING, U. 444 BRICKELL AVE, # 51-246 MIAMI, FL 33131	
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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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-11-2008 Daytime Phone # 305-358-4441		