## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# M52529

444 BRICKELL AVE, SUITE 51-246

(X) Delete

444 BRICKELL AVE 51-246

MIAMI, FL 33131

MIAMI, FL 33131

**VPAS** 

HENNING, U

Address:

Title:

Name: Address:

City-St-Zip:

City-St-Zip:

FILED Dec 22, 2008 Secretary of State

**Entity Name:** AG EQUITIES CORPORATION **Current Principal Place of Business: New Principal Place of Business:** 444 BRICKELL AVE SUITE 51-246 MIAMI, FL 33139 **Current Mailing Address: New Mailing Address:** 444 BRICKELL AVE SUITE 51-246 MIAMI, FL 33139 US FEI Number: 59-2824335 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **IBC FIDUCIARY INC** 100 SE 2ND ST STE 2222-A MIAMI, FL 33131 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: PDS (X) Change ( ) Addition SMEJDA, L Name: Name: SMEJDA, L. 444 BRICKELL AVENUE #51-246 444 BRICKELL AVENUE #51-246 Address: Address: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: PD Title: () Delete (X) Change ( ) Addition Name: HAINZL, J. Name: PHELLOF 444 BRICKELL AVE, SUITE 51-246 444 BRICKELL AVE, SUITE 51-246 Address: Address: MIAMI, FL 33131 MIAMI, FL 33131 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition HENNING, U. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: L. SMEJDA D 12/22/2008

() Change () Addition