2006 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 05, 2006 08:00 AN Secretary of State DOCUMENT # M66159 1. Entity Name AGD, INC. Principal Place of Business Mailing Address 10220 SW 87 ST 10220 SW 87 ST MIAMI, FL 33173 MIAMI, FL 33173 US 05032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0036754 4 2 2 2 2 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GADINSKY, DOROTHY DO NOT WRITE 10220 SW 87TH ST MIAMI, FL 33173 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 6, 2006 corporation did not receive the prior notice: OFFICERS AND DIRECTORS 10. DP TITLE GADINSKY, DOROTHY NAME - -STREET ADDRESS 10220 SW 87TH ST CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY - ST-ZiP. TITLE NAME · 1 STREET ADDRESS DO NOT WRITE CITY_ST-ZIP __ TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TATLE STREET ADDRESS CITY - ST-ZIP TITLE

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 empoyered 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 attack

om Gadinsky

SIGNATURE:

NAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305° 279-5876

FILED