
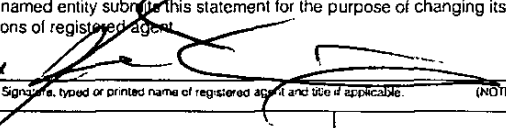
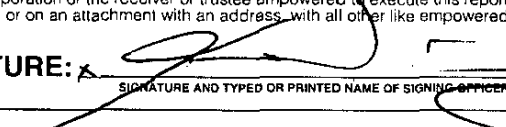


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90041 007 ***150.00

DOCUMENT # P00000038132 1. Entity Name A G GENERAL SUP. IMPORT/EXPORT, INC.					
Principal Place of Business 3820 SW 68TH WAY MIRAMAR, FL 33023			Mailing Address 3820 SW 68TH WAY MIRAMAR, FL 33023		
2. Principal Place of Business 743 Kentstown Ct. Suite, Apt. #, etc.			3. Mailing Address 743 Kentstown Ct. Suite, Apt. #, etc.		
City & State Winter Springs FL Zip 32708		City & State Winter Springs FL Zip 32708		Country USA	
4. FEI Number 65-1018355		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUOBADIA, BAMIDELE N 3820 SW 68TH WAY MIRAMAR, FL 33023			7. Name and Address of New Registered Agent Name Guobadia, Bamidele N Street Address (P.O. Box Number is Not Acceptable) 743 Kentstown Ct. City Winter Springs FL Zip Code 32708		
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  Bamidele Guobadia 3/1/05 <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, 2005 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	P GUOBADIA, BAMIDELE N 3820 SW 68TH WAY MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guobadia, Bamidele N 743 Kentstown Ct. Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUOBADIA, JONES O 3820 SW 68TH WAY MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Guobadia, Patricia A. 743 Kentstown Ct. Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GUOBADIA, PATRICIA A 3820 SW 68TH WAY MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			3/1/05 (407) 366-1581 <small>Date Daytime Phone #</small>		

50030794



03012005 Chg-P CR2E034 (10/03)