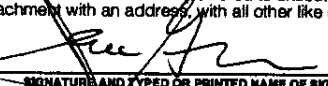


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90038 018 ***158.75

DOCUMENT # P00000043023 1. Entity Name DA SILVA PROPERTIES CORP.					
Principal Place of Business P O BOX 165539 MIAMI, FL 33116-5539				Mailing Address P O BOX 165539 MIAMI, FL 33116-5539	
2. Principal Place of Business AGS PROPERTIES CORP.				3. Mailing Address Suite, Apt. #, etc. 290 N.W. 165 ST. (SUITE M-400)	
City & State MIAMI, FL.				City & State City & State MIAMI, FL.	
Zip 33169		Country USA		Zip 33169	
Country USA		Zip 33169		Country USA	
4. FEI Number 65-1158390				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSSMAN, JEROME 2780 S.W. 37 AVENUE SUITE 205 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name GROSSMAN, JEROME Street Address (P.O. Box Number is Not Acceptable) 290 N.W. 165 STREET (SUITE M-400) City MIAMI FL Zip Code 33169	
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  JEROME GROSSMAN 02/05/04 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DVP DA SILVA, SALUSTIANA 2780 S.W. 37 AVENUE, SUITE 205 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DA SILVA, SALUSTIANO 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DA SILVA, ELIDIA H 2780 S.W. 37 AVENUE, SUITE 205 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DA SILVA, ELIDIA H 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DA SILVA, ALFREDO 2780 S.W. 37 AVE., SUITE 205 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DA SILVA, ALFREDO 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSSMAN, JEROME 2780 S.W. 37 AVE., SUITE 205 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GROSSMAN, JEROME 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DA SILVA, ALVARO A 2780 SW 37 AVE., STE 204 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DA SILVA, ALVARO A 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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:  J.P. JEROME GROSSMAN 02/05/04 (305)662-6772 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					