2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2006 08:00 AM Secretary of State DOCUMENT # P01000003718 AGD SERVICES OF SOUTH FLORIDA, INC. Principal Place of Business -- Mailing Address 9180 SW 21ST MANOR 9180 SW 21ST MANOR SUNRISE, FL 33322 SUNRISE, FL 33322 02102006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 65-1075911 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent A STATE OF THE PROPERTY OF THE GOLDSTEIN, ALEX DO NOT WRITE 9180 SW 21ST MANOR SUNRISE, FL 33322 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GOLDSTEIN, ALEX STREET ADDRESS 9180 SW 21ST MANOR CITY-ST-ZIP SUNRISE, FL 33322 000000438486 03/01/06-8000**8-00**9 150.00 TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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