2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000017410

1. Entity Name
A & G, CORP.

Principal Place of Business	Mailing Address
1200 BRICKELL AVE SUITE 860 MIAMI, FL 33131	1200 BRICKELL AVE SUITE 860 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

02122008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-1080312		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, PETER M ESQ
1911 NW 150 AVE., STE. 201
PEMBROKE PINES, FL 33028

DO NOT WRITE 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)

U000000827623
02/21/09--00000--009 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	D'AGOSTINI, MERICO
STREET ADDRESS	540 BRICKELL KEY DR #1213
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	SACCO, GIOVANNA ALBANO
STREET ADDRESS	540 BRICKELL KEY DR #1213
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _Americo D'Agostini - AMERICO D'AGOSTINI_ _Feb 12/08_ (786)8971843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DIRECTOR   Date   Daytime Phone #