

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062055

**FILED**  
**Apr 07, 2005**  
**Secretary of State**

**Entity Name:** AGS U.S., INC.

**Current Principal Place of Business:**

3951 SW 47 AVENUE  
SUITE 106  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

3951 SW 47 AVENUE  
SUITE 106  
DAVIE, FL 33314 US

**New Mailing Address:**

**FEI Number:** 65-1121543      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERGER, DAVID S  
100 NORTH BISCAYNE BOULEVARD  
SUITE 2608  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: GONCALVES DA SILVA, ARMINDO  
Address: RUA NAGIBE COSSERMELLI 40 VILA RICA  
City-St-Zip: CRUZEIRO, SP 12712 BR

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WARD, THOMAS  
Address: 17831 NW 14 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WARD

VP

04/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date