

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90447 007 ***150.00

DOCUMENT # **P01000062055**

1. Entity Name
AGS U.S., INC.



Principal Place of Business
**3954 SW 47 AVENUE
SUITE 106
FORT LAUDERDALE FL 33314**

Mailing Address
**3954 SW 47 AVENUE
SUITE 106
FORT LAUDERDALE FL 33314**



2. Principal Place of Business
3951 SW 47 AVENUE

3. Mailing Address
3951 SW 47 AVENUE

Suite, Apt. #, etc.
SUITE 106

Suite, Apt. #, etc.
SUITE 106

CHECK HERE IF MAKING CHANGES

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number **65-1121543**

Applied For
 Not Applicable

Zip
33314

Country
USA

Zip
33314

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD GONCALVES DE SILVA, ARMINDO RUA NAGIBE COSSERMELLI 40 VILA RICA, CRZ BRAZIL CEP 12712-010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AVELINO DE FLEURY, FLEURY 2640 S. UNIVERSITY DRIVE #214 DAVIE FL 33328 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Secretary Goncalves da Silva, Armindo Rua Nagibe Cossermelli 40 Vila Rica, CRZ BRAZIL CEP 12712-010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *ARMINDO G. DA SILVA* **ARMINDO G. DA SILVA** 02/06/03 954-5846565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)