


**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

City & State
DAVIE FL

City & State
DAVIE FL

CHECK HERE IF MAKING CHANGES

Zip
33314

Country
USA

Zip
33314

Country
USA

4. FEI Number **65-1121543**

Applied For
 Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>President and Secretary Goncalves da Silva, Armindo</i>	
STREET ADDRESS <i>Rua Nagibe Cossermelli 40 Vila Rica, CRZ</i>	
CITY-ST-ZIP <i>BRAZIL CEP 12712-010</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 **02/06/03** **954-5846565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)