



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90013 008 ***158.75

DOCUMENT # P01000103229 1. Entity Name AGM, INC.																	
Principal Place of Business 3010 S FEDERAL HIGHWAY BOYNTON BEACH, FL 33435			Mailing Address 3010 S FEDERAL HIGHWAY BOYNTON BEACH, FL 33435														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.															
City & State		City & State		04082004 Chg-P CR2E034 (10/03)													
Zip Country		Zip Country		4. FEI Number 65-1159800 Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LYON, JAMES B ESQ. 1881 UNIVERSITY DR STE 206 CORAL SPRINGS, FL 33071													
7. Name and Address of New Registered Agent Name LYON, James B. ESQ Street Address (P.O. Box Number is Not Acceptable) 3300 University Dr., Suite 802 City Coral Springs FL Zip Code 33065				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 <i>X [Signature]</i> DATE 4-8-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>GREENFIELD, AMIR</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>403 VILLA CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33435</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	GREENFIELD, AMIR	<input type="checkbox"/>	STREET ADDRESS	403 VILLA CIRCLE		CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	NAME	Delete															
NAME	GREENFIELD, AMIR	<input type="checkbox"/>															
STREET ADDRESS	403 VILLA CIRCLE																
CITY-ST-ZIP	BOYNTON BEACH, FL 33435																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	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.			
TITLE	NAME	Change Addition															
NAME		<input type="checkbox"/> <input type="checkbox"/>															
STREET ADDRESS																	
CITY-ST-ZIP																	
SIGNATURE: <i>X [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-8-04 <small>Date</small>		Daytime Phone # <small>Daytime Phone #</small>													