

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90501 001 ***600.00

DOCUMENT # P01000108628

1. Entity Name
AG & AR, CORP.



Principal Place of Business
2450 SW 137TH AVENUE,
SUITE 234
MIAMI, FL 33175

Mailing Address
2450 SW 137TH AVENUE,
SUITE 234
MIAMI, FL 33175

bb417774



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0554745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, PETER M P.A.
2450 SW 137TH AVENUE,
SUITE 234
MIAMI, FL 33175

**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)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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, AMERICO
STREET ADDRESS	2450 SW 137 AVE STE 234
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	VASQUEZ, MARGARITA
STREET ADDRESS	2450 SW 137 AVE STE 234
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	SOLORZANO, ANA CAROLINA
STREET ADDRESS	2450 SW 137 AVE SUITE 234
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

4/28/04

Date

Daytime Phone # _____