


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000040416	
1. Entity Name A.G.H.A. SUBS CORP.	

Principal Place of Business 16733 NW 67 AVENUE MIAMI FL 33015	Mailing Address 11471 W. SAMPLE ROAD SUITE 30 CORAL SPRINGS FL 33065
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 35-2168481	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent USMAN, MOHAMMED H 9920 N.W. 49TH TERRACE, #108 MIAMI FL 33178

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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P MOHAMMED, USMAN H 16733 NW 67 AVE MIAMI FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor 04/27/06-80075-018 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: MOHAMMED USMAN President 04/10/06 786-395-2240