

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000041280

1. Entity Name
A & G SOUZA, CORP.



Principal Place of Business
12336 SW 110 SOUTH CANAL ST. ROAD
MIAMI, FL 33186

Mailing Address
PO BOX 431566
SOUTH MIAMI, FL 33243-1566

DO NOT WRITE IN THIS SPACE

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02122005 No Chg-P CR2E034 (10/03)

4. FEI Number
75-3045892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE SOUZA, JOSE A
12336 SW 110 SOUTH CANAL ST. ROAD
MIAMI, FL 33186

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000235157
02/18/05-80048-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DESOUZA, JOSE A
STREET ADDRESS 12336 SW 110 SOUTH CANAL ST. ROAD
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD
NAME PONCE, ELSA G
STREET ADDRESS 12336 SW 110 SOUTH CANAL ST. ROAD
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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

02/14/05

Date

Daytime Phone #