

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000041280 1. Entity Name A & G SOUZA, CORP.	
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Principal Place of Business 12336 SW 110 SOUTH CANAL ST. ROAD MIAMI, FL 33186	Mailing Address PO BOX 431566 SOUTH MIAMI, FL 33243-1566
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DO NOT WRITE IN THIS SPACE



03132005 No Chg-P CR2E034 (11/05)

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
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**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-instating)	DATE _____
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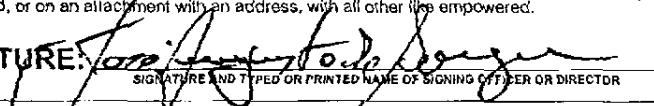
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESOUZA, JOSE A 12336 SW 110 SOUTH CANAL ST. ROAD MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PONCE, ELSA G 12336 SW 110 SOUTH CANAL ST. ROAD MIAMI, FL 33186
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**DO NOT WRITE
IN THIS SPACE**

000000470243
03/28/06-80006-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	03-13-06 (305) 630-9818 Date Daytime Phone #
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