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.

Principal Place of Business	Mailing Address
12336 SW 110 SOUTH CANAL ST. ROAD MIAMI, FL 33186	PO BOX 431566 SOUTH MIAMI, FL 33243-1566

DO NOT WRITE IN THIS SPACE

03132006 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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80006-012 150.00

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