

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000049192

1. Entity Name
AGDO, INC.



Principal Place of Business
951 SW 4 AVE
BOCA RATON, FL 33432-5803

Mailing Address
951 SW 4 AVE
BOCA RATON, FL 33432



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3058344	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

BLAKESBERG, JON D
951 SW 4 AVE
BOCA RATON, FL 33432

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

110000002835124
04/18/08-80001-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAFLEVICH, ALESKSANDER
STREET ADDRESS	951 SW 4TH AVE
CITY- ST- ZIP	BOCA RATON, FL 33432

TITLE	D
NAME	TAFLEVICH, OLGA
STREET ADDRESS	951 SW 4TH AVE
CITY- ST- ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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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 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 officers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.0208

Date

Daytime Phone #