


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000101739

1. Entity Name
A & G INVESTMENT PROPERTY, INC.



Principal Place of Business
12805 SW 119TH TERRACE
MIAMI, FL 33186

Mailing Address
12805 SW 119TH TERRACE
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
72-1534361 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIRALDO, CARMENZA
12805 SW 119TH TERR
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 file # applicable. (NOTE: Registered Agent signature required when restating)

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

U00000251658
03/04/05-80058-025 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST GIRALDO, CARMENZA 930 FALLING WATER ROAD WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GIRALDO, CARMENZA 12805 SW 119TH TERRACE MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GIRALDO, LUIS F 12805 SW 119TH TERRACE MIAMI, FL 33186 |
| 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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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: *Carmenza Giraldo* Date: 3-10-05 Daytime Phone # _____