

APR 28, 2005 12:42PM

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90134 020 ***150.00

DOCUMENT # P02000108198

Entity Name
AMERICAN GENTECH PLUS, INC.



Principal Place of Business

Mailing Address

13935 NW 1ST AVE
MIAMI, FL 33168

13935 NW 1ST AVE
MIAMI, FL 33168



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2295698

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PB&A FINANCIAL SERVICES CORP.
13935 NW 1ST AVE.
MIAMI, FL 33168

**DO NOT WRITE
IN THIS SPACE**

7. 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 reinstating)

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**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PEREZ, EMILIO
STREET ADDRESS	4368 SW 10TH ST.
CITY-STATE-ZIP	MIAMI, FL 33134
TITLE	VD
NAME	PEREZ, ODALYS
STREET ADDRESS	4368 SW 10TH ST. 2970 NW 96 ST
CITY-STATE-ZIP	MIAMI, FL 33134 MIAMI FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
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)(i), 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

4/30/05

Date

Daytime Phone #