


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90032 028 ***150.00

DOCUMENT # P03000099992		
1. Entity Name AGF ENTERPRISES, INC.		

Principal Place of Business 5821 TOWN BAY DRIVE #533 BOCA RATON, FL 33486 US	Mailing Address 5821 TOWN BAY DRIVE #533 BOCA RATON, FL 33486 US
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2. Principal Place of Business 5342 JOG LANE RD	3. Mailing Address 5342 JOG LANE RD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State DELRAY BCH, FL	City & State DELRAY BCH - FL
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Zip 33484	Country USA	Zip 33484	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CACAPAVA, FRANCISCO S 5821 TOWN BAY DRIVE #533 BOCA RATON, FL 33486	Name SAME
	Street Address (P.O. Box Number is Not Acceptable)
	5342 JOG LANE RD
	City DELRAY BCH FL Zip Code 33484

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 reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S CACAPAVA, FRANCISCO S 5821 TOWN BAY DRIVE #533 BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 5342 JOG LANE RD DELRAY BCH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T CACAPAVA, FRANCISCO S 5821 TOWN BAY DRIVE #533 BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 5342 JOG LANE RD DELRAY BCH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:		PRESIDENT	3-14-05	561-381-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	