


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90271 044 ***150.00

DOCUMENT # P04000133640							
1. Entity Name A,G,T, ,INC.							
Principal Place of Business 2435 WILSON ST HOLLYWOOD, FL 33020 US			Mailing Address 2435 WILSON ST HOLLYWOOD, FL 33020 US				
2. Principal Place of Business		3. Mailing Address					
Suits, Act. #, etc.		Suits, Act. #, etc.					
City & State		City & State					
Zip		Country		Country			
		04142005		Chg-P CR2E034 (10/03)			
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MANCINI, FRANK J 2128 HOLLYWOOD BLVD HOLLYWOOD, FL 33020			Name				
			Street Address (P.O. Box Numbers Not Accepted)				
			City			FL	Zip Code
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 _____ <small>Signature of, and printed name of, registered agent or the filer. NOTE: Registered agent's name is required when registering.</small>							
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '05				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Cor		
NAME	THIBODEAU, DAVID		NAME				
STREET ADDRESS	2435 WILSON ST		STREET ADDRESS				
CITY-STATE-ZIP	HOLLYWOOD, FL 33020		CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Cor		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Cor		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Cor		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Cor		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or subsequent 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 Book 10 of Book 117 changed, prior an attachment with an address, with a other, ke empowered.							
SIGNATURE: <i>David Thibodeau</i>		David Thibodeau 4/23/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date					