2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90117 025 150.00
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05 AUG 10 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 10 2005

06282005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000135497

1. Entity Name
ADVANCED GENERAL SERVICES INC.

Principal Place of Business	Mailing Address
1070 NE 34TH COURT OAKLAND PARK, FL 33334	1070 NE 34TH COURT OAKLAND PARK, FL 33334

2. Principal Place of Business	3. Mailing Address
1070 NE 34th Court	1070 N.E. 34th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park, FL	City & State: Oakland Park, FL.
Zip: 33334 Country: USA.	Zip: 33334 Country: USA

4. FEI Number 20-1695444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SASLOVSKY, JOSHUA 461 SW 132ND TERRACE DAVIE, FL 33325	Name Street Address (P.O. Box Number is Not Acceptable) 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: President 6/28/05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR SASLOVSKY, JOSHUA 461 SW 132 TERRACE DAVIE, FL 33325	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR ZELLER, JUSTIN 1070 NE 34TH COURT OAKLAND PARK, FL 33334	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 954-565-4559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #