2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000157096

1. Entity Name AGC HOLDINGS, INC.



FILED Apr 27, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

13275 SW 136 STREET

13275 SW 136 STREET Unit 1

MIAMI, FL 33186

MIAMI, FL 33186



DO NO	r Wr	RITE IN	I THIS	SPACE
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04242007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-3131234

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENEDI, CLAUDIO C 13275 SW 136 ST UNIT 1 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstituting) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS			* · · · · · · · · · · · · · · · · · · ·			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	P BENEDI, CLAUDIO C 13275 SW 136 ST UNIT 1 MIAMI, FL 33186				U00000737415 05/11/97-80027-004 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY ST. 718								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

303 661 16

Daytime Phone #