


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000168805	
1. Entity Name AMERICA GLOBAL INVESTMENTS, CORP.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -3 PM 3:38

Principal Place of Business 618 NW 159 AVENUE PEMBROKE PINES, FL 33028	Mailing Address 618 NW 159 AVENUE PEMBROKE PINES, FL 33028
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2. Principal Place of Business - No P.O. Box # 8100 NORTH MIAMI AVE	3. Mailing Address 8100 NORTH MIAMI AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05272008 Chg-P CR2E034 (12/06)

City & State MIAMI FL	City & State MIAMI FL
Zip 33150	Zip 33150
Country US	Country

4. FFI Number 26-2553255 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent SEPULVEDA, JUAN R 618 NW 159 AVENUE PEMBROKE PINES, FL 33028	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	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 SEPULVEDA, JUAN R 618 NW 159 AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600131092716 06/10/08--01009--020 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERALTA, ANTONIA 618 NW 159 AVENUE PEMBROKE PINES, FL 33028 <input checked="" 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	V/P RAMON, SEPULVEDA 5299 NW 2 AVE. MIAMI, FL 33167 <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
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 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:  5/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #