## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT	#	P05000150448
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1. Entity Name

A&G'S HEALTH SERVICE, INC.



Principal Place of Business

Mailing Address

6039 COLLINS AVENUE 1729

**6039 COLLINS AVENUE** 

1729

MIAMI BEACH, FL 33141

MIAMI BEACH, FL 33141



CR2E034 (11/05)

Daytime Phone #

DO NOT WRITE IN THIS SPACE

4. FEI Number	 Applied For
20-3779226	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERRANO, GUSTAVO 6039 COLLINS AVENUE 1729 MIAMI BEACH, FL 33141

SIGNATURE: .

## DO NOT WRITE IN THIS SPACE

No Chg-P

01082007

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title If	applicable (NCTF: Registore	d Anent sanetur	required when reinstating)	DAYE		
<del></del>		the state of the s	a rigorit organization	, required this entire this entire the			
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	ncing	\$5.00 May Be Added to Fees	U00000583435 01/11/07-80071-015 150.00		
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERRANO, GUSTAVO 6039 COLLINS AVENUE, STE 1729 MIAMI BEACH, FL 33141						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP		<u></u>	;				

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, well all otherwise tempowered.