


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 023 ***150.00

DOCUMENT # P07000014402					
1. Entity Name AG PERFORMANCE CORP.					
Principal Place of Business 14951 ROAYL OAKS LN. APT 506 NORTH MIAMI, FL 33181			Mailing Address 14951 ROAYL OAKS LN. APT 506 NORTH MIAMI, FL 33181		
2. Principal Place of Business - No P.O. Box # 931 Bentwood Lane		3. Mailing Address 931 Bentwood Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port Orange FL		City & State Port Orange FL		4. FEI Number 80-0137605	
Zip 32127		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03132008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GARGALLO, ALEJANDRO 47 RIVERSHORE DRIVE ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent Name: Alejandro Gargallo Street Address (P.O. Box Number is Not Acceptable): 931 Bentwood Lane City: Port Orange FL Zip Code: 32127		
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: <u>Alejandro Gargallo</u> DATE: <u>4/29/2008</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 11		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	P GARGALLO, ALEJANDRO 47 RIBERSHORE DRIVE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Alejandro Gargallo 931 Bentwood Lane Port Orange, FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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: <u>Alejandro Gargallo</u>			4/29/08 (386) 295 30 81		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		