


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90002 013 ***550.00

DOCUMENT # P07000025482	
1. Entity Name AGC STABLES, INC.	

Principal Place of Business 4740 SOUTH OCEAN BOULEVARD #610 HIGHLAND BEACH FL 33487	Mailing Address 4740 SOUTH OCEAN BOULEVARD #610 HIGHLAND BEACH FL 33487
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2. Principal Place of Business - No P.O. Box # 4740 South Ocean Blvd.	3. Mailing Address 4740 South Ocean Blvd.
Suite, Apt. #, etc. 610	Suite, Apt. #, etc. 610
City & State Highland Beach, Florida	City & State Highland Beach, Florida
Zip 33487	Zip 33487
Country Palm Beach	Country Palm Beach

2nd MOORE CR2E034 (4/08)

4. FEI Number 20-8587205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOCH, STUART E ESQ. BLOCH MINERLEY & FEIN, P.L. 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON FL 33432	
7. Name and Address of New Registered Agent 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.

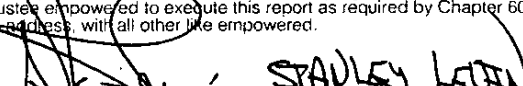
SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input type="checkbox"/>	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	D LEVIN, STANLEY 4740 SOUTH OCEAN BOULEVARD, #610 HIGHLAND BEACH FL 33487 <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	D LEVIN, ISADORA MYRNA 4740 SOUTH OCEAN BOULEVARD, #610 HIGHLAND BEACH FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **STANLEY LEVIN** **8/19/08** **516-295-0322**
516-368-1089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #