

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000093677

Entity Name: AGN ENTERPRISE INC

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

1600 MCCOY RD
G
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

1600 MCCOY RD
G
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 26-3587034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFETY BUSINESS LLC
6220 S ORANGE BLOSSOM TRAIL
603
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DOS SANTOS, JAIRO L
Address: R DES. OLAVO FERREIRA PRADO, 609
City-St-Zip: SAO PAULO, SP 27000-044 BR

Title: DVP () Delete
Name: MOFER, RAFAEL S
Address: 61675 FANDCREST CIR
City-St-Zip: ORLANDO, FL 32819 US

Title: DT () Delete
Name: MORELLI, GERSON L
Address: R BERNARDO SANCHES
City-St-Zip: SAO PAULO, SP 056684 US

Title: DS () Delete
Name: SIVERO, SERGIO
Address: 7504 REDWOOD COUNTRY RD
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MORELLI, GERSON L
Address: 1050 PALM COVE DR
City-St-Zip: ORLANDO, FL 32835 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERSON L MORELLI

DT

02/24/2009

Electronic Signature of Signing Officer or Director

Date