

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90033 040 ***150.00

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| DOCUMENT # P93000071282 |  |
| 1. Entity Name AGS REAL ESTATE HOLDINGS, INC. | |

| | |
|---|---|
| Principal Place of Business 16445 COLLINS AVE UNIT 721 MIAMI BEACH, FL | Mailing Address P.O. BOX 165539 MIAMI, FL 33116-5539 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 65-0445236 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent GROSSMAN, JEROME 290 NW 165 STREET STE M-400 MIAMI, FL 33165 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DA SILVA, SALUSTIANO C 16445 COLLINS AVE UNIT 721 MIAMI BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DA SILVA, ELIDIA H 16445 COLLINS AVE UNIT 721 MIAMI BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVP GROSSMAN, JEROME 290 NW 165 STREET STE M-400 MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DASILVA, AWARO A 290 NW 165 ST STE M-400 MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Grossman
Jerome Grossman

04/04/05
Date

(305) 662-6772
Daytime Phone #