

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

04-08-2005 90033 040 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P93000071282</b>                   |  |
| 1. Entity Name<br>AGS REAL ESTATE HOLDINGS, INC. |   |

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

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

GROSSMAN, JEROME  
290 NW 165 STREET STE M-400  
MIAMI, FL 33165

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

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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:**  **JEROME GROSSMAN** 04/04/05 (305) 662-6772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #