

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071282

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: AGS REAL ESTATE HOLDINGS, INC.

**Current Principal Place of Business:**

16445 COLLINS AVE  
UNIT 721  
MIAMI BEACH, FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 165539  
MIAMI, FL 331165539 US

**New Mailing Address:**

FEI Number: 65-0445236      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GROSSMAN, JEROME  
290 NW 165 STREET STE M-400  
MIAMI, FL 33165 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: D ( ) Delete  
Name: DA SILVA, SALUSTIANO C  
Address: 16445 COLLINS AVE UNIT 721  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: DA SILVA, ELIDIA H  
Address: 16445 COLLINS AVE UNIT 721  
City-St-Zip: MIAMI BEACH, FL

Title: SVP ( ) Delete  
Name: GROSSMAN, JEROME  
Address: 290 NW 165 STREET STE M-400  
City-St-Zip: MIAMI, FL 33169

Title: P ( ) Delete  
Name: DASILVA, AVARO A  
Address: 290 NW 165 ST STE M-400  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: P (X) Change ( ) Addition  
Name: DASILVA, ALVARO A  
Address: 290 NW 165 ST STE M-400  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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: ALVARO DA SILVA

P

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date