
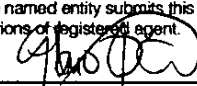


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90047 036 \*\*\*150.00

<b>DOCUMENT # P93000071282</b>			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0445236		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		7. Name and Address of New Registered Agent	
GROSSMAN, JEROME 290 NW 165 STREET STE M-400 MIAMI, FL 33165		Name <u>ALVARO DA SILVA</u> Street Address (P.O. Box Number is Not Acceptable) <u>290 NW 165 ST., STE. M 400</u> City <u>MIAMI</u> <b>FL</b> Zip Code <u>33169</u>	
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 <u>01/14/08</u>	
Signatures, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA SILVA, SALUSTIANO C	NAME	
STREET ADDRESS	16445 COLLINS AVE UNIT 721	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA SILVA, ELIDIA H	NAME	
STREET ADDRESS	16445 COLLINS AVE UNIT 721	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, JEROME	NAME	
STREET ADDRESS	290 NW 165 STREET STE M-400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASILVA, ALVARO A	NAME	
STREET ADDRESS	290 NW 165 ST STE M-400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE <u>01/14/08</u> Daytime Phone # <u>305 662-6772</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	