2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90107 040 ***150.00

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02212006 Chg-P CR2E034 (11/05)

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1. Entity Name
A.G. V. CORPORATION

Principal Place of Business	Mailing Address
~~1051 NW 185TH TERR.~~	~~1051 NW 185TH TERR.~~
~~PEMBROKE PINES, FL 33029 US~~	~~PEMBROKE PINES, FL 33029 US~~
1490 W. 42 PL APT 105 HIALEAH - FL - 33012	

2. Principal Place of Business	3. Mailing Address
1490 W. 42 PL.	825 E. 28 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH - FL -	City & State: HIALEAH - FL.
Zip: 33012 Country: DADE	Zip: 33013 Country: DADE

4. FEI Number: 65-0529019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENTO, ORLANDO
~~1051 NW 185TH TERR.~~ 825 E. 28 STREET
~~PEMBROKE PINES, FL 33029~~ HIALEAH-FL-33013

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VENTO, ANA G		NAME	
STREET ADDRESS	~~1051 N.W. 185TH TERRACE~~		STREET ADDRESS	
CITY-ST-ZIP	~~PEMBROKE PINES, FL 33029~~		CITY-ST-ZIP	
TITLE	↓ New Address	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	5030 Champion BLvd. Suite 6-165		NAME	
STREET ADDRESS	Boca Raton, FL- 33496		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: [signature] 02/23/06 305-691-9087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANA G. VENTO