

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 002 ***150.00

DOCUMENT # P94000073838

1. Entity Name

A.G. V. CORPORATION



Principal Place of Business

1490 W 42 PL APT 105
HIALEAH FL 33012
US

Mailing Address

825 E 28 ST
HIALEAH FL 33013
US

2. Principal Place of Business - No P.O. Box #

1490 W. 42 PL.

Suite, Apt. #, etc.

#105

3. Mailing Address

825 E. 28 STREET

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

VENTO, ORLANDO
825 E 28 ST
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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
PVTD
VENTO, ANA G
5030 CHAMPION BLVD STE 6-165
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/08/07 305-691-9087