

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000053749

1. Entity Name  
A.G.M. SILVER, INC.



Principal Place of Business  
55 NE 1ST ST SUITE 12  
MIAMI, FL 33132

Mailing Address  
55 NE 1ST ST SUITE 12  
MIAMI, FL 33132

**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**



08202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0669740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AMINOV, ABRAM  
55 NE 1ST ST SUITE 12  
MIAMI, FL 33132

**DO NOT WRITE  
IN THIS SPACE**

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

U000000958386  
08/25/08-80007-004 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
AMINOV, ABRAM  
55 NE 1ST ST SUITE 12  
MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
AMINOV, MANI  
55 NE 1ST ST SUITE 12  
MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
AMINOV, GEORGE  
55 NE 1ST ST SUITE 12  
MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George Aminov*  
GEORGE AMINOV

Aug 20, 2008 (305) 374-7770  
Date Daytime Phone #