2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000075963

1. Entity Name
A G & M ENTERPRISES CORP.

FILED
05 AUG 23 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2760 PALM AVE., STE. 102 HIALEAH, FL 33010 US	2760 PALM AVE., STE. 102 HIALEAH, FL 33010 US

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5456 W 16 AVE	5456 W 16 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL	City & State: HIALEAH FL
Zip: 33012 / Country:	Zip: 33012 / Country: US

4. FEI Number: 65-0851763 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALVAREZ, MARTHA
590 EAST 52 T.
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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MALVAREZ, MARTHA 10352 SW 5 ST MIAMI, FL 33174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300058151693 08/02/05--01037--013 **165.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: × AUG 24 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #