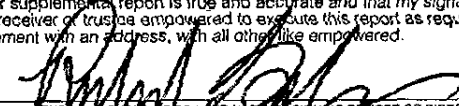


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000102534			
1. Entity Name AGEWSN REAL, INC.			
Principal Place of Business 2585 GLADES CIRCLE FORT LAUDERDALE, FL 33327		Mailing Address 2585 GLADES CIRCLE FORT LAUDERDALE, FL 33327	
DO NOT WRITE IN THIS SPACE			
		03072006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0737409	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
FINEBERG, LIBO B ESQ. 3500 GATEWAY DRIVE SUITE 201 POMPANO BEACH, FL 33069		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 _____ (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	
		000000503258 04/26/06-00025-024 158.75	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	GOLDMAN, RENEE K		
STREET ADDRESS	3500 GATEWAY DR, STE 201		
CITY- ST- ZIP	POMPANO BEACH, FL 33069		
TITLE	VD		
NAME	GOLDMAN, RICHARD M		
STREET ADDRESS	3500 GATEWAY DR, STE 201		
CITY- ST- ZIP	POMPANO BEACH, FL 33069		
TITLE	VSTD		
NAME	FINEBERG, LIBO B		
STREET ADDRESS	3500 GATEWAY DR, STE 201		
CITY- ST- ZIP	POMPANO BEACH, FL 33069		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
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 _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			