# 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 | Mailing Address |
|---|---|
| 2585 GLADES CIRCLE<br>FORT LAUDERDALE, FL 33327 | 2585 GLADES CIRCLE<br>FORT LAUDERDALE, FL 33327 |

03072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 | |
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| 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:** _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR