


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000023842 1. Entity Name AGUSTA 1012, INC.						FILED '04 JUN 11 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 177 OCEAN LANE DR APT 1012 KEY BISCAYNE, FL 33149 US				Mailing Address 177 OCEAN LANE DR APT 1012 KEY BISCAYNE, FL 33149 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address c/o J. Russell One S.E. 3rd Avenue 28th Floor Miami, FL 33131 Suite, Apt. #, etc. City & State Zip		4. FEI Number 65-0826105		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCOS REGALADO APT 1012 KEY BISCAYNE, FL 33149				7. Name and Address of New Registered Agent Name American Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable) One S.E. 3rd Avenue 28th Floor Miami, FL 33131			
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. AMERICAN INFORMATION SERVICES, INC. Angelica M. Chiru SIGNATURE By <i>[Signature]</i> Assistant Secretary 5/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input checked="" type="checkbox"/> Delete NAME MARCOS REGLADO STREET ADDRESS 177 OCEAN LANE DR APT 1012 CITY-ST-ZIP KEY BISCAYNE, FL 33149				TITLE DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME REGALADO, MARCO STREET ADDRESS 177 OCEAN LANE DR., APT 1012 CITY-ST-ZIP KEY BISCAYNE, FL 33149			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>[Signature]</i> MARCOS REGALADO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				MAY 19, 2004 (305) 361.5370 <small>Date Daytime Phone #</small>			