2005 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P97000094330 1. Entity Name AGL PROPERTIES, INC. Principal Place of Business Mailing Address 13499 BISCAYNE BLVD., #TS2 13499 BISCAYNE BLVD., #TS2 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0794800 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FLIETSTRA, DANIEL 13499 BISCAYNE BLVD., #TS2 DO NOT WRITE NORTH MIAMI, FL 33181 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, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TITLE NAME FLIESTSRA, DANIEL 13499 BISCAYNE BLVD. #TS2 STREET ADDRESS U00000214139 CITY-ST-ZIP NORTH MIAMI, FL 33181 102/103/105-80099-013 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CMY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 in Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/1/05

Feb 03