


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90047 004 \*\*\*150.00

<b>DOCUMENT # P98000041768</b>	
1. Entity Name AGI INDUSTRIES, INC.	

Principal Place of Business 4611 NW 74TH AVE MIAMI, FL 33166 US	Mailing Address 13935 NW 1ST AVE MIAMI, FL 33168 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 174 NE 96 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami, FL
Zip	Country
Country	Zip 33138
	Country US

40021273



02142007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0831305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PB&A FINANCIAL SVCS. CORP. 13935 NW 1ST AVENUE MIAMI, FL 33168	7. Name and Address of New Registered Agent Name: PB&A Financial Svcs. Corp. Street Address (P.O. Box Number is Not Acceptable): 174 NE 96 ST City: Miami Zip Code: 33138 City: FL
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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]* / Prn. DATE: 2/14/07

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IAMARINO, ANTONIO G 4611 NW 74TH AVE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the address, with all other like empowered.

SIGNATURE: *[Signature]* Antonio G. Iamarino / Prn. 2/14/07 305-4319384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #