

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90132 049 ***150.00

DOCUMENT # P98000059865



1. Entity Name
AGM IMAGING PRODUCTS, INC.

Principal Place of Business
**1445 NW 129 WAY
SUNRISE FL 33323**

Mailing Address
**12717 W SUNRISE BLVD
PMB #218
SUNRISE FL 33323**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0848000**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GERONCLO, TAN
1445 NW 128TH WAY
SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	TAN, GERONCIO
STREET ADDRESS	1445 NW 129 WAY
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	D <input type="checkbox"/> Delete
NAME	ONG, ANGELO
STREET ADDRESS	1445 NW 129 WAY
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	D <input type="checkbox"/> Delete
NAME	LEE, MICHAEL
STREET ADDRESS	1445 NW 129 WAY
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03
Date

(954) 835-1208
Daytime Phone #

CR2E034 (10/02)