


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000098050</b> 1. Entity Name <b>AMERICAN GENERAL COMMUNICATIONS, INC.</b>	
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Principal Place of Business <b>5663 S.W. 2ND ST. MIAMI, FL 33134</b>	Mailing Address <b>5663 S.W. 2ND ST. MIAMI, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0886909</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VAZQUEZ, ROGER  
5663 S.W. 2ND ST.  
MIAMI, FL 33134**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD VAZQUEZ, ROGER 5663 S.W. 2ND ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD MIRANDA, ROSA 5663 S.W. 2ND ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S OJITO, ARMANDO 5663 SW 2ND ST. MIAMI, FL 33134
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03/04/06-80030-008 150.00

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:** Rosa Miranda ROSA MIRANDA 2/17/2006 305-267-5058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #