2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2008 08:00 All Secretary of State **DOCUMENT # P98000098050** AMERICAN GENERAL COMMUNICATIONS, INC. Principal Place of Business Mailing Address 5663 S.W. 2ND ST. 5663 S.W. 2ND ST. MIAMI, FL 33134 MIAMI, FL 33134 CR2E034 (11/05) 03262008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0886909 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VAZQUEZ, ROGER 5663 S.W. 2ND ST. IN THIS SPACE MIAMI, FL 33134 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE VAZQUEZ, ROGER NAME STREET ADDRESS 5663 S.W. 2ND ST. MIAMI, FL 33134 CITY-ST-ZIP TITLE NAME MIRANDA, ROSA 5663 S.W. 2ND ST. STREET ADDRESS MIAMI, FL 33134 CITY-ST-7IP TITLE OJITO, ARMANDO NAME STREET ADDRESS 5663 SW 2ND ST. DO NOT WRITE MIAMI, FL 33134 CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2008

786-251-2314

Daytime Phone #

FILED