

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90188 003 \*\*\*150.00

DOCUMENT # P98000101782

1. Entity Name  
AGS PROPERTIES CORPORATION



Principal Place of Business

290 NW 165 ST.  
STE. M-400  
MIAMI, FL 33169 US

Mailing Address

C/O SQUARE ONE ASSOCIATES, INC.  
P.O. BOX 165539  
MIAMI, FL 33116-5539 US



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0879699

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GROSSMAN, JEROME  
290 NW 165 ST.  
STE. M-400  
MIAMI, FL 33169

**DO NOT WRITE  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SALUSTIANO COSTA LIMA DA SILVA
STREET ADDRESS	290 NW 165 ST., STE. M-400
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VPD
NAME	ELIDIA HERTZOG DA SILVA
STREET ADDRESS	290 NW 165 ST., STE. M-400
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VPS
NAME	GROSSMAN, JEROME
STREET ADDRESS	290 NW 165 ST., STE. M-400
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	PD
NAME	DA SILVA, ALVARO A
STREET ADDRESS	290 NW 165 ST. STE. M-400
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/23/2005 (305) 662-6772