

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90034 039 \*\*\*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**

**DO NOT WRITE IN THIS SPACE**

40012612



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0879699</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

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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 \_\_\_\_\_

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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IN THIS SPACE**

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]* V.P.

02/10/06