

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000101782

**FILED  
Jun 28, 2007  
Secretary of State****Entity Name:** AGS PROPERTIES CORPORATION**Current Principal Place of Business:**290 NW 165 ST.  
STE. M-400  
MIAMI, FL 33169 US**New Principal Place of Business:****Current Mailing Address:**C/O SQUARE ONE ASSOCIATES, INC.  
P.O. BOX 165539  
MIAMI, FL 331165539 US**New Mailing Address:**290 N.W. 165 STREET  
SUITE M-400  
MIAMI, FL 33169 US**FEI Number:** 65-0879699**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GROSSMAN, JEROME  
290 NW 165 ST.  
STE. M-400  
MIAMI, FL 33169 US**Name and Address of New Registered Agent:**DA SILVA, ALVARO A  
290 NW 165 ST.  
STE. M-400  
MIAMI, FL 33169 US

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.

SIGNATURE: ALVARO DA SILVA

06/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: VPD ( ) Delete  
Name: SALUSTIANO COSTA LIM, A DA SILVA  
Address: 290 NW 165 ST., STE. M-400  
City-St-Zip: MIAMI, FL 33169Title: VPD ( ) Delete  
Name: ELIDIA HERTZOG DA SI, LVA  
Address: 290 NW 165 ST., STE. M-400  
City-St-Zip: MIAMI, FL 33169Title: VPS (X) Delete  
Name: GROSSMAN, JEROME  
Address: 290 NW 165 ST., STE. M-400  
City-St-Zip: MIAMI, FL 33169Title: PD ( ) Delete  
Name: DA SILVA, ALVARO A  
Address: 290 NW 165 ST. STE. M-400  
City-St-Zip: MIAMI, FL 33169**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: PDS (X) Change ( ) Addition  
Name: DA SILVA, ALVARO A  
Address: 290 NW 165 ST. STE. M-400  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO DA SILVA

P

06/28/2007

Electronic Signature of Signing Officer or Director

Date