

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90283 024 ***150.00

DOCUMENT # P99000102406

1. Entity Name
AAG HOLDINGS, INC.



Principal Place of Business
10200 N.W. 67TH ST.
TAMARAC, FL 33321

Mailing Address
10200 N.W. 67TH ST.
TAMARAC, FL 33321

14011627



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0963984

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SILVERSTEIN, ROBERT H
STREET ADDRESS	10200 N.W. 67TH STREET
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	DVS
NAME	SILVERSTEIN, LEON J
STREET ADDRESS	10200 N.W. 67TH STREET
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	UGHETTA, WILLIAM JR.
STREET ADDRESS	767 5TH AVENUE, 8TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10153
TITLE	D
NAME	STARR, IRA
STREET ADDRESS	767 5TH AVENUE, 8TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10153
TITLE	D
NAME	BOYLAN, GERARD
STREET ADDRESS	26622 WOODWARD AVENUE, STE. 210
CITY-ST-ZIP	ROYAL OAK, MI 48067
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

4/23/04
Date

954-724-1775
Daytime Phone #