

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90032 009 ***150.00

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1. Entity Name
AAG HOLDINGS, INC.



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

Mailing Address
**ATTN: ANTHONY VILLA
TAMARAC, FL 33321**



01252008 No Chg-P CR2E034 (11/05)

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, 2008 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 KITCHEN, GARI
STREET ADDRESS 10200 NW 67TH ST
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME CRAVEY, DICK
STREET ADDRESS 10200 NW 67TH ST
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME LONG, MIKE
STREET ADDRESS 10200 NW 67TH ST
CITY-ST-ZIP TAMARAC, FL 33321

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/08 954-724-1775