
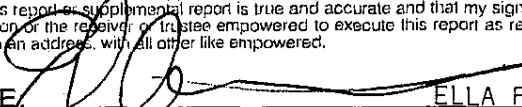


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 015 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V46919			
1. Entity Name A,G.BUSINESS CO,			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 19208 N.E. 25th AVE		3. Mailing Address SAME	
Suite, Apt. #, etc. #303 3303		Suite, Apt. #, etc.	
City & State N.MIAMI BEACH FL		City & State	
Zip 33180	Country U.S.A.	Zip	Country
4. FEI Number 65-0431203		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name ELLA FRANK			
Street Address (P.O. Box Number is Not Acceptable)			
19208 N.E. 25th AVE #303			
City N.MIAMI BEACH FL Zip 33180			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
January 1 - May 1 Fee is: \$150.00 After May 1 Fee is: \$550.00 Amended UBR is: \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP ELLA FRANK 500 BAYVIEW DR #221 N.MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE 		ELLA FRANK Date 4/7/03 Daytime Phone #	

CR2E034B (12/02)