


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90038 016 \*\*\*158.75

**DOCUMENT # P93000071282**

1. Entity Name  
**AGS REAL ESTATE HOLDINGS, INC.**



Principal Place of Business  
**16445 COLLINS AVE  
 UNIT 721  
 MIAMI BEACH, FL**

Mailing Address  
**P.O. BOX 165539  
 MIAMI, FL 33116-5539 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country



02042004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0445236**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GROSSMAN, JEROME  
 2780 SW 37 AVENUE SUITE 205  
 MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name **GROSSMAN, JEROME**

Street Address (P.O.: Box Number is Not Acceptable)  
**290 N.W. 165 STREET (SUITE M-400)**

City **MIAMI** FL Zip Code **33169**

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  **JEROME GROSSMAN** DATE **02/05/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	D	<input type="checkbox"/> Delete
NAME	DA SILVA, SALUSTIANO C	
STREET ADDRESS	16445 COLLINS AVE UNIT 721	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DA SILVA, ELIDIA H	
STREET ADDRESS	16445 COLLINS AVE UNIT 721	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROSSMAN, JEROME	
STREET ADDRESS	2780 SW 37 AVENUE SUITE 205	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, JEROME	
STREET ADDRESS	290 N.W. 165 STREET (SUITE M-400)	
CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVARO A. DA SILVA	
STREET ADDRESS	290 N.W. 165 STREET (SUITE M-400)	
CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **J.P. JEROME GROSSMAN** DATE **02/05/2004** DAYTIME PHONE # **(305) 662-6772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR