

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90158 001 \*\*\*\*\*8.75  
 05-02-2003 90158 002 \*\*\*150.00

55035349

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # F78481</b>			
1. Entity Name <b>AGRO AIR ASSOCIATES, INC.</b>			
Principal Place of Business 2000 NW 62ND AVENUE BUILDING 711 MIAMI, FL 33122 US		Mailing Address 2000 NW 62ND AVENUE BUILDING 711 MIAMI, FL 33122 US	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 026062</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		4. FEI Number <b>59-2184485</b>	
Zip <b>33102</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent <b>RICHARDS, RICHARD L 2000 NW 62ND AVENUE MIAMI, FL 33122</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1740 N.W. 69 Avenue</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>	
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 date if applicable. (NOTE: Registered Agent signature required when essential)</small>			
<p><b>FILE NOW! FEES \$150.00</b>                  Attention: 2003 Reg will be \$50.00                  Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAMERON, DORT A 115 EAST PUTNAM AVE. GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Betts, William 1740 N.W. 69 Avenue MIAMI FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWYER, ANDREW 115 EAST PUTNAM AVE. GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, SETH M 115 EAST PUTNAM AVE. GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRYSTAL, JIM 40 BROAD STREET NEW YORK, NY 10004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HABERLY, RICHARD L 2000 NW 62ND AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS LONG, JOHN 2000 NW 62ND AVENUE MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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 <i>William Betts</i>		Date <b>4-30-03</b> Office Phone # <b>305-889-6007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Office Phone #	

CFR2E034 (10/02)