



FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90036 038 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K21858 1. Entity Name AGRO FOODS, INC.			
Principal Place of Business % MIGUEL M. GONZALEZ, ESQ. 717 PONCE DE LEON BLVD, STE 317 CORAL GABLES, FL 33134 US		Mailing Address % MIGUEL M. GONZALEZ, ESQ. 717 PONCE DE LEON BLVD, STE 317 CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box # # MIGUEL M. GONZALEZ, P.A. Suite, Apt. #, etc. 525 N.W. 27th Avenue, Ste.		3. Mailing Address % MIGUEL M. GONZALEZ, P.A. Suite, Apt. #, etc. 525 N.W. 27th Avenue, Ste.	
City & State Miami, FL 33125		City & State Miami, FL 33125	
Zip 33125		Country US	
4. FEI Number 65-0056820		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, MIGUEL M. 717 PONCE DE LEON BLVD SUITE 317 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 525 N.W. 27th Avenue, Suite 105A Miami, FL 33125 City FL Zip Code	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DC	NAME DE LA SERNA-M, PABLO	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 717 PONCE DE LEON BLVD, STE 317	CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS 525 N.W. 27th Avenue, Suite 105A	CITY-ST-ZIP Miami, FL 33125
TITLE DP	NAME DE LA SERNA-V, RICARDO	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 717 PONCE DE LEON BLVD, STE 317	CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS 525 N.W. 27th Avenue, Suite 105A	CITY-ST-ZIP Miami, FL 33125
TITLE DVT	NAME DE LA SERNA-M, EUTIMIO	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 717 PONCE DE LEON BLVD, STE 317	CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS 525 N.W. 27th Avenue, Suite 105A	CITY-ST-ZIP Miami, FL 33125
TITLE DV	NAME DE LA SERNA-L, JESUS	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 717 PONCE DE LEON BLVD, STE 317	CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS 525 N.W. 27th Avenue, Suite 105A	CITY-ST-ZIP Miami, FL 33125
TITLE S	NAME GONZALEZ, MIGUEL M	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 717 PONCE DE LEON BLVD, STE 317	CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS 525 N.W. 27th Avenue, Suite 105A	CITY-ST-ZIP Miami, FL 33125
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete
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 officers, directors, and agents empowered.			
SIGNATURE: 		Date 2/9/2006	Daytime Phone # 305-649-0030

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