

AMENDED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR -2 AM 8:11

SECRETARY OF STATE PALM BEACH, FLORIDA



DOCUMENT # K21858 1. Entity Name AGRO FOODS, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business - No P.O. Box # c/o 806 Douglas Road		3. Mailing Address c/o 806 Douglas Road	
Suite, Apt. #, etc. Suite 580		Suite, Apt. #, etc. Suite 580	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country US	Zip 33134	Country US
4. FEI Number 65-0056820		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Registered Agent Corporate Services, Inc.	
		Street Address (P.O. Box Number Is Not Acceptable) 806 Douglas Road	
		Suite 580	
		City Coral Gables, FL	
		Zip Code 33134	
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 3/30/07	
Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY-ST-ZIP	DC DE LA SERNA-M, PABLO 717 PONCE DE LEON BLVD, STE 317 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P DE LA SERNA MARTINEZ, PABLO CALLE CRISTOBAL COLON NO. 18 UTRETA, SEVILLE, SPAIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE LA SERNA-V, RICARDO 717 PONCE DE LEON BLVD, STE 317 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA SERNA MARTINEZ, CONCEPCION CALLE PUREZA No. 106 SEVILLE, SPAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DE LA SERNA-M, EUTIMIO 717 PONCE DE LEON BLVD, STE 317 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S DE LA SERNA, EMILIA AVDA. DE LA REPUBLICA NO. 10 SEVILLE, SPAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE LA SERNA-L, JESUS 717 PONCE DE LEON BLVD, STE 317 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA SERNA AVELLANA, PEDRO PLAZA DE CUBA No. 2 SEVILLE, SPAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, MIGUEL M 717 PONCE DE LEON BLVD, STE 317 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA SERNA LUQUEZ, FRANCISCO AVDA. DE LA REPUBLICA ARGENTINA No. 10 SEVILLE, SPAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600096444485 04/11/07--01020--004 **\$1.25
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 reports 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 a power like empowered.			
SIGNATURE:		DATE 3/30/07 (786)264 5343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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