
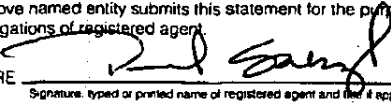



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90449 023 ***150.00

DOCUMENT # P00000025638 1. Entity Name GROWER2BUYER.COM, INC.			
Principal Place of Business 8410 NW 17TH STREET MIAMI FL 33128		Mailing Address 8410 NW 17TH STREET MIAMI FL 33128	
2. Principal Place of Business 1760 NW 96th Ave.		3. Mailing Address 1760 NW 96th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State FL Miami, FL	
4. FEI Number 65-0998924		Applied For <input type="checkbox"/> Not Applicable	
Zip 33172		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SABOGAL, DANIEL 8410 NW 17TH ST MIAMI FL 33128		7. Name and Address of New Registered Agent Name: Daniel Sabogal Street Address (P.O. Box Number is Not Acceptable): 1760 NW 96th Ave City: Miami FL 33172	
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: 4/27/04 <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00! After May 1, 2004 Fee will be \$350.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President <input type="checkbox"/> Delete NAME: SABOGAL, DANIEL STREET ADDRESS: 532 LUENGA AVE CITY-ST-ZIP: CORAL GABLES FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Daniel Sabogal President 305-718-9971	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66424045



MOORE CR2E034 (11/03)