


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT #.P96900103782  
1. Entity Name  
GLOBAL AGRICHEMICAL BROKERS, INC.



Principal Place of Business 1920 E. HALLANDALE BEACH BOULEVARD SUITE 900 HALLANDALE, FL 33009	Mailing Address 1920 E. HALLANDALE BEACH BOULEVARD SUITE 900 HALLANDALE, FL 33009
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01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0720608	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MEDGE, IGOR  
21035 NE 5TH COURT  
MIAMI, FL 33179-1821

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	P MEDGE, IGOR 21035 NE 5 CT. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGOVIN, RICHARD 8142 CREEK HOLLOW RD. BLACKLICK, OH 43004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/16/04-80025-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ 1/9/04 954-455-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #