

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060859

FILED
Feb 19, 2008
Secretary of State

Entity Name: EXOTIC AGRONOMICS ENTERPRISES, INC.

Current Principal Place of Business:

13030 NW 8 ST.
MIAMI, FL 33182

New Principal Place of Business:

3403 NW 82 AVE
SUITE 101
DORAL, FL 33122

Current Mailing Address:

13030 NW 8 ST.
MIAMI, FL 33182

New Mailing Address:

3403 NW 82 AVE
SUITE 101
DORAL, FL 33122

FEI Number: 65-1121441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, HERMES
13030 NW 8 ST.
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PEREZ, HERMES
Address: 13030 NW 8 ST.
City-St-Zip: MIAMI, FL 33182

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: PEREZ, HERMES
Address: 13030 NW 8 ST.
City-St-Zip: MIAMI, FL 33182

Title: P () Change (X) Addition
Name: PERERA, HUGO G
Address: 335 SW 30 ROAD
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGO PERERA

P

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date