FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90093 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

800064403

DOCUMENT # P96000046277

1. Entity Name
AG VENTURE PROPERTIES, INC.

Principal Place of Business	Mailing Address
10321 SW 147TH CT CIR UNIT 10 MIAMI, FL 33196	10321 SW 147TH CT CIR UNIT 10 MIAMI, FL 33196

2. Principal Place of Business	3. Mailing Address
1103 Adams St	1103 Adams St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State: Hollywood, FL
Zip: 33019 Country	Zip: 33019 Country: ~~Broward~~

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0668461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGON, MARIA M
10321 SW 147 CT CIR #10
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name: Maria Agon
Street Address (P.O. Box Number is Not Acceptable): 1103 Adams St.
City: Hollywood FL Zip Code: 33019

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: Maria M. Agon — 3/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	DP AGON, MARIA M 10321 SW 147TH CT CIR MIAMI, FL 33196	☑ Delete	DP Maria Agon 1103 Adams St. Hollywood, FL 33019	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST AGON, ALFREDO J 10321 SW 147TH CT CIR MIAMI, FL 33196	☑ Delete	DVST Alfredo J. Agon 4008 Aurora St. Coral Gables, FL 33146	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Maria M. Agon, President 3/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #