2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State
05-09-2003 90141 007 ***150.00

DOCUMENT # P01000060859

1. Entity Name
EXOTIC AGRONOMICS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
782 NW 42 AVE 340 MIAMI FL 33126	782 NW 42 AVE 340 MIAMI FL 33126

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13030 NW 8 St	13030 NW 8 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami
Zip: 33182 Country: USA	Zip: Florida 33182 Country: USA

4. FEI Number 65-1121441 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, JUAN 1020 SW 67 AVE. MIAMI FL 33144	Name: Hermes Perez Street Address (P.O. Box Number is Not Acceptable): 13030 NW 8 St City: Miami FL Zip Code: 33182

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: X Juan Gonzalez 03/31/03
Signature, if changing 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	PSD GONZALEZ, JUAN 14777 SW 194TH AVENUE MIAMI FL 33196	☒ Delete	Hermes Perez PSD 13030 NW 8 St Miami FL 33182	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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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: X Juan Gonzalez 03/31/03 305 2179265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 05/02/03 Daytime Phone #