


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 850553</b> 1. Entity Name <b>AGRO-K CORPORATION</b>	
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Principal Place of Business <b>8030 MAIN ST NE MINNEAPOLIS, MN 55432-1844 US</b>	Mailing Address <b>8030 MAIN ST NE MINNEAPOLIS, MN 55432-1844 US</b>
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07262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-1276936</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

7. 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 reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

8. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RAJAMANNAN, A.H.J.,(DR.) 2120 ARGONNE DR.N.E. MINNEAPOLIS, MN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAHER, LAVERNE P.O. BOX 218, H#3 N/A CLEGHORN, IA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RAJAMANNAN, C. 2120 ARGONNE DR.N.E. MINNEAPOLIS, MN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAHER, LARRY 9909-36TH PLACE NORTH MINNEAPOLIS, MN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/29/04-80007-004 150.00

**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 the empowered.

SIGNATURE:  Concie RAJAMANNAN 7/26/04 763 780 4116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #