

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90017 032 \*\*\*150.00

**44011169**



01062004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F95000004637</b> 1. Entity Name <b>AGRIGUMS INCORPORATED</b>					
Principal Place of Business <b>3111 NORTH UNIVERSITY DRIVE SUITE 623 CORAL SPRINGS, FL 33065 US</b>			Mailing Address <b>3111 NORTH UNIVERSITY DRIVE SUITE 623 CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3330290</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUTTER, MATTHEW B 3111 NORTH UNIVERSITY DRIVE SUITE 623 CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HADDAD, MICHEL G	NAME			
STREET ADDRESS	5 A PORCHESTER ROAD	STREET ADDRESS			
CITY-ST-ZIP	LONDON, ENGLAND, OC W2-5D	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HADDAD, GEORGE	NAME			
STREET ADDRESS	45A PROCHESTER ROAD	STREET ADDRESS			
CITY-ST-ZIP	LONDON, ENGLAND, OC W2-5D	CITY-ST-ZIP			
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUTTER, MATTHEW B	NAME			
STREET ADDRESS	3111 NORTH UNIVERSITY DR. STE. 623	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, JEROME B	NAME			
STREET ADDRESS	6345 BALBOA BLVD #330	STREET ADDRESS			
CITY-ST-ZIP	ENCINO, CA 33759	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 or without other like empowerment.					
SIGNATURE:		2.10.04		954.345.1717	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
<b>MATTHEW RUTTER</b>					