

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # F95000004637

1. Entity Name
AGRIGUMS INCORPORATED



Principal Place of Business
**3111 NORTH UNIVERSITY DRIVE
SUITE 623
CORAL SPRINGS, FL 33065 US**

Mailing Address
**3111 NORTH UNIVERSITY DRIVE
SUITE 623
CORAL SPRINGS, FL 33065 US**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3330290

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUTTER, MATTHEW B
3111 NORTH UNIVERSITY DRIVE
SUITE 623
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HADDAD, MICHEL G
2ND FLR, CENTRE HEIGHTS, 137 FINCHLEY RD
LONDON, EG nw3 6jg**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HADDAD, GEORGE
2ND FLR, CENTRE HEIGHTS, 137 FINCHLEY RD
LONDON, EG nw3 6jg**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
RUTTER, MATTHEW B
3111 NORTH UNIVERSITY DR. STE. 623
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, JEROME B
6345 BALBOA BLVD #330
ENCINO, CA 33759**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/16/08-80095-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW RUTTER 1-14-08 954-345-1717

Date

Daytime Phone #