

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42146

Entity Name: AGREX, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

8334 NW 56 ST
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8334 NW 56 ST
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 59-2296142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUHN, ROBERTO
5970 SW 83 STREET
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: KUHN, FRITZ,
Address: 5970 SW 83 STREET
City-St-Zip: SOUTH MIAMI, FL

Title: TS () Delete
Name: KUHN, ROBERTO,
Address: 5970 SW 83 STREET
City-St-Zip: SOUTH MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: KUHN, FRITZ,
Address: 5970 SW 83 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: TS (X) Change () Addition
Name: KUHN, ROBERTO,
Address: 5970 SW 83 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO KUHN

TS

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date