FILED
May 11, 2005 8:00 am
Secretary of State
05-11-2005 90124 020 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G98646

1. Entity Name
AARON AGRICULTURE, INC.

50051531

Principal Place of Business	Mailing Address
1875 N.W. 79TH STREET MIAMI, FL 33147	1875 N.W. 79TH STREET MIAMI, FL 33147

05042005 Chg-P CR2E034 (10/03)

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: 59-1990661 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, JOE E
1875 N.W. 79TH STREET
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name: Alberto Fernandez
Street Address (P.O. Box Number is Not Acceptable): 1875 NW 79 ST
City: Miami Fl FL Zip Code: 33147

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 Alberto Fernandez 5/3/05
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
Due by September 7, 2005

9. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CAMPBELL, JOE 1875 N.W. 79TH STREET MIAMI, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alberto Fernandez 1875 NW 79 ST Miami Fl 33147	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Alberto Fernandez 5/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #