

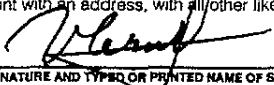


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # H65997 1. Entity Name AGROSISTEMAS DE AMERICA, INC.			
Principal Place of Business 6415 SW 127TH PL MIAMI, FL 33183 US		Mailing Address 6415 SW 127TH PL MIAMI, FL 33183 US	
DO NOT WRITE IN THIS SPACE			
		04102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0038708	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent CRUZ, VLADIMIR 6415 S.W. 127TH PL. MIAMI, FL 33183		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PST CRUZ, VLADIMIR 6415 S.W. 127TH PL. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V CRUZ, LOURDES 6415 SW 127TH PL MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V CRUZ, IGNACIO 10601 S.W. 73RD AVE. MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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)(f), 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: 		VLADIMIR A. CRUZ	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/11/05 Daytime Phone # 305-3826122	