2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L07000092058

Entity Name: AGRISOLUTIONS INTERNATIONAL (USA BRANCH), LLC

Current Principal Place of Business:

7801 LOS PINOS BLVD.
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

7801 LOS PINOS BLVD.
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLAKE, JOHN H
7801 LOS PINOS BLVD.
CORAL GABLES, 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BLAKE, JOHN H	
Address:	7801 LOS PINOS BLVD.	
City-St-Zip:	CORAL GABLES, FL 33143	
Title:	MGRM	( ) Delete
Name:	THOMPSON, PETER	
Address:	535 OAKS DRIVE APT 406	
City-St-Zip:	POMPANO, FL 33069	
Title:	MGRM	( ) Delete
Name:	BLAKE, ALEXANDER J	
Address:	7801 LOS PINOS BLVD.	
City-St-Zip:	CORAL GABLES, FL 33143	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN H. BLAKE MGRM 01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date