


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90164 010 \*\*\*150.00

<b>DOCUMENT # M04434</b> 1. Entity Name <b>AGRO-ENTERPRISES, INC.</b>					
Principal Place of Business <b>20230 HIGHLAND LAKES BLVD. N. MIAMI BEACH, FL 33179</b>			Mailing Address <b>20230 HIGHLAND LAKES BLVD. N. MIAMI BEACH, FL 33179</b>		
2. Principal Place of Business <b>4400 Hillcrest Drive</b> Suite, Apt. #, etc. <b>419</b>		3. Mailing Address Suite, Apt. #, etc.		<b>50047341</b> 	
City & State <b>Hollywood, FL</b>		City & State		4. FEI Number <b>59-2443857</b>	
Zip <b>33021</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE. SUITE 200 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYON, JAIME 20230 HIGHLAND LKS. BLVD N. MIAMI BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAYON JAIME 4400 Hillcrest Dr. # 419 Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAYON, CLEMENCIA 20230 HIGHLAND LKS. BLVD N. MIAMI BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYON MARIA CLEMENCIA 4400 Hillcrest Dr. # 419 Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					