

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90018 001 ***150.00
 02-15-2008 90018 002 ***138.75



DOCUMENT # P0000063551
 1. Entity Name
 AGORA IMPORTS OF FLORIDA, INC.

Principal Place of Business
 7205 NW 19TH STREET
 SUITE 404
 MIAMI, FL 33126

Mailing Address
~~7205 NW 19TH STREET~~
~~SUITE 404~~
~~MIAMI, FL 33126~~
 2121 Ponce de Leon Blvd, #330
 Coral Gables, FL 33134



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
 65-1029086

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 ORTIZ, MICHAEL ESQ.
 2121 PONCE DE LEON BLVD.
 SUITE 330
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE PD NAME PAPADIMITRIU, GIORGIO STREET ADDRESS 7205 CORPORATE CENTER DR., #404 CITY-ST-ZIP MIAMI, FL 33126 | <input checked="" type="checkbox"/> Delete |
| TITLE VD NAME FUENTEALBA, RAMON STREET ADDRESS 7205 CORPORATE CENTER DR., #404 CITY-ST-ZIP MIAMI, FL 33126 | <input checked="" type="checkbox"/> Delete |
| TITLE VD NAME KHAWAM, GEORGE STREET ADDRESS 7205 CORPORATE CENTER DR., #404 CITY-ST-ZIP MIAMI, FL 33126 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE PD NAME Georgiadis, Lazaros STREET ADDRESS 7205 Corporate Center Dr., #404 CITY-ST-ZIP Miami, FL 33126 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VD NAME Natera, Alejandro STREET ADDRESS 7205 Corporate Center Dr., #404 CITY-ST-ZIP Miami, FL 33126 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE ST NAME Ortiz, Michael STREET ADDRESS 2121 Ponce de Leon Blvd, #330 CITY-ST-ZIP Coral Gables, FL 33134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 exemptions contained in Chapter 119, 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: Michael Ortiz Secy 1/18/08 305476 5270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #