

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000063551

1. Entity Name
AGORA IMPORTS OF FLORIDA, INC.



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

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-1029086

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, MICHAEL ESQ.
2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georgiadis, Lazaros	
STREET ADDRESS	7205 Corporate Center Dr., #404	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natera, Alejandro	
STREET ADDRESS	7205 Corporate Center Dr., #404	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ortiz, Michael	
STREET ADDRESS	2121 Ponce de Leon Blvd, #330	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #