

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000083008 1. Entity Name AGRIM INTERNATIONAL COMPANY	
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Principal Place of Business 9010 SW 137TH AVE 113 MIAMI, FL 33186	Mailing Address 9010 SW 137TH AVE #113 MIAMI, FL 33186
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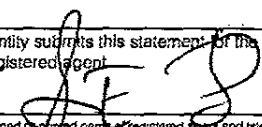


04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1036601	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

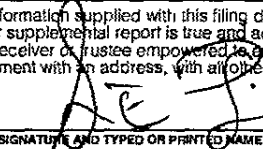
6. Name and Address of Current Registered Agent PEREZ, ALEJANDRO 10115 SW 77 COURT MIAMI, FL 33156

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 registering)	DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEREZ, ALEJANDRO 10115 SW 77 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, CARLOS MARIO 10115 SW 77 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONDONO, ADRIANA M 10115 SW 77TH CT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000149147
05/03/04-80175-004 150.00

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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # _____