

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000538

FILED
Apr 01, 2009
Secretary of State

Entity Name: AGRONOMIC CONSULTANTS, INC.

Current Principal Place of Business:

11214 PINES BLVD., STE. 125
PEMBROKE PINES, FL 33026

New Principal Place of Business:

18455 MIRAMAR PKWY.
MIRAMAR, FL 33029

Current Mailing Address:

11214 PINES BLVD., STE. 125
PEMBROKE PINES, FL 33026

New Mailing Address:

18455 MIRAMAR PKWY.
MIRAMAR, FL 33029

FEI Number: 65-1067018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELICIANO, ANTHONY
11214 PINES BLVD., STE. 125
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

FELICIANO, ANTHONY
18455 MIRAMAR PKWY
MIRAMAR, FL 33029 US

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: _____

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FELICIANO, ANTHONY
Address: 11214 PINES BLVD., STE. 125
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FELICIANO, ANTHONY
Address: 18455 MIRAMAR PKWY
City-St-Zip: MIRAMAR, FL 33029

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY FELICIANO

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date