

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90250 005 ***150.00

DOCUMENT # P01000007934

1. Entity Name
AGROSUPERIOR, INC.



Principal Place of Business
**5555 NW 72ND AVENUE
MIAMI, FL 33166 US**

Mailing Address
**1313 PONCE DE LEON BLVD
SUITE 301
CORAL GABLES, FL 33134**

24032630



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1074623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD
STE 301
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOURNIER VARGAS, RICARDO 400 OESTE PLAZA DE DEPORTES SAN JOSE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IBARRA VALIENTE, SERGIO 400 OESTE PLAZA DE DEPORTES SAN JOSE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREIRA BRENES, RICARDO 400 OESTE PLAZA DE DEPORTES SAN JOSE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

04/16/04