


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-17-2004 90039 001 ***150.00

DOCUMENT # P02000019785			
1. Entity Name AGARFO INTERNATIONAL, INC.			
Principal Place of Business 963 SW 122ND AVE MIAMI FL 33184		Mailing Address 963 SW 122ND AVE MIAMI FL 33184	
2. Principal Place of Business 7171 Coral Way Suite, Apt. #, etc. # 205		3. Mailing Address 7171 Coral Way Suite, Apt. #, etc. # 205	
City & State Miami FL		City & State Miami FL	
Zip 33155	Country USA	Zip 33155	Country USA
6. Name and Address of Current Registered Agent FONSECA, IRIS 6468 SW 12 ST MIAMI FL 33144		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 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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME FONSECA, IRIS	<input type="checkbox"/> Delete	
STREET ADDRESS 6468 SW 12 ST			
CITY-ST-ZIP MIAMI FL 33144			
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
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: Iris Fonseca		Date 4-9-04	Daytime Phone # 305-898-5548

66412971



MOORE CR2E034 (11/03)

4. FEI Number 01-0605343 **Applied For**
Not Applicable

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