

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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03 DEC 22 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000029621**

1. Entity Name
AGROFLORA OF FLORIDA INC.




Principal Place of Business
**14460 SW 287TH ST
HOMESTEAD FL 33033**

Mailing Address
**14460 SW 287TH ST
HOMESTEAD FL 33033**

2. Principal Place of Business
**14460 SW 287 ST
HOMESTEAD
FLA.
33033**

3. Mailing Address
**14460 SW 287 ST
HOMESTEAD
FLA.
33033**



RESTATEMENT 03

CHECK HERE IF MAKING CHANGES

4. FEI Number
59 2800869

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

6. Name and Address of Current Registered Agent
**MORAGA, FRANCISCO
14460 SW 287TH ST
HOMESTEAD FL 33033**

7. Name and Address of New Registered Agent

Name
Sergio ALVARADO

Street Address (P.O. Box Number is Not Acceptable)
**14460 SW 287 ST
HOMESTEAD
FLA.**

City
FLA.

Zip Code
33033

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 Sergio Alvarado
Signature, typed or printed name of registered agent and when applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	Delete
D	MORAGA, FRANCISCO	14460 SW 287TH ST	HOMESTEAD FL 33033	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
president - owner	Sergio ALVARADO	FLA.	33033	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

200023620912
10/07/03--01057--018--**550.00

200023620912
12/22/03--01091--006--**200.00

1/12/03

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: Sergio Alvarado **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE: 12/22/03

DAYTIME PHONE: 886 856 2432

CR2E034 (10/02)