


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90013 007 \*\*\*150.00

**DOCUMENT # P02000029621**

1. Entity Name  
**AGROFLORA OF FLORIDA INC.**



Principal Place of Business 14550 SW 285 TERRACE HOMESTEAD, FL 33033	Mailing Address 14550 SW 285 TERRACE HOMESTEAD, FL 33033
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**DO NOT WRITE IN THIS SPACE**



05182006 No Chg-P CR2E034 (11/05)


4. FEI Number 59-2800869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALVARADO, SERGIO  
 14460 SW 287TH ST  
 HOMESTEAD, FL 33033

**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  (NOTE: Registered Agent signature required when reinstating) DATE 05-19-06

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVARADO, SERGIO <del>14460 SW 287TH ST</del> 14550 SW 285 Ter, HOMESTEAD, FL 33033
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  (NOTE: Registered Agent signature required when reinstating) DATE 05-19-06 Daytime Phone # 786 256 282