2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059707

Entity Name: AGREFERT CORPORATION

Apr 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10295 COLLINS AVE., STE. 1511 1228 WEST AVE. 704

BAL HARBOUR, FL 33154

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

10295 COLLINS AVE., STE. 1511 1228 WEST AVE. 704

BAL HARBOUR, FL 33154

MIAMI BEACH, FL 33139

FEI Number: 75-1047341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEDAIN, LEONARDO LEDAIN, LEONARDO 10295 COLLINS AVE., STE. 1511 1228 WEST AVE.

BAL HARBOUR, FL 33154 704 MIAMI BEACH, FL 33139 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: 04/23/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LEDAIN, LEONARDO LEDAIN, LEONARDO Name: Name: 10295 COLLINS AVE., STE. 1511 1228 WEST AVE. #704 Address: Address: City-St-Zip: BAL HARBOUR, FL 33154 City-St-Zip: MIAMI BEACH, FL 33139

Title: Title: () Delete (X) Change () Addition

Name: MUNOZ. NORBERTO Name: MUNOZ. NORBERTO 10295 COLLINS AVE., STE. 1511 1228 WEST AVE. #704 Address: Address: BAL HARBOUR, FL 33154 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

LEDAIN, ULISES LEDAIN, ULISES Name: Name: 10295 COLLINS AVE., STE. 1511 1228 WEST AVE, #704 Address Address: City-St-Zip: BAL HARBOUR, FL 33154 City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ULISES LEDAIN Τ 04/23/2004