


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91013 030 ***158.75

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1. Entity Name
QUIROLA AGRICULTURAL COMPANY S.P.R., INC.



Principal Place of Business
**1452 E OSCEOLA PKWY STE E
 E
 KISSIMMEE, FL 34744**

Mailing Address
**216 HEATHER RD
 UPPER DARBY, PA 19082**

2. Principal Place of Business
14006 Heron Pond Ct

3. Mailing Address
14006 Heron Pond Ct

Suite, Apt. #, etc.



02192004 Chg-P CR2E034 (10/03)

City & State
ORLANDO FL

City & State
ORLANDO, FL

Zip
32824

Country
USA

Zip
32824

Country
USA

4. FEI Number
42-1538453

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ORELLANA, JORGE
 1452 E OSCEOLA PKWY STE E
 KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
14006 Heron Pond Ct

City **ORLANDO** FL Zip Code **32824**

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  DATE **2/18/04**

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

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	DP	Delete
	ORELLANA, JORGE	216 HEATHER RD	UPPER DARBY, PA 19082	<input type="checkbox"/>	
				<input 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
		14006 Heron Pond Ct	ORLANDO, FL 32824	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: **2/18/04** DAYTIME PHONE #: **321-287-0116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR