


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000061651 1. Entity Name ANGOSTURA HUMICS CORPORATION	
--	---

Principal Place of Business 19910 DINNER KEY DRIVE BOCA RATON, FL 33498	Mailing Address 19910 DINNER KEY DRIVE BOCA RATON, FL 33498
---	---

DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0722244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent CFRA, LLC ONE HARBOUR PLACE 5TH FLOOR 777 S HARBOUR ISLAND BLVD TAMPA, FL 33602-5730	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

6. 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHEMEL, ROBERTO 19910 DINNER KEY DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUCRE, LEOPOLDO 19910 DINNER KEY DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VILCHEZ, EDGAR 19910 DINNER KEY DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000008941
03/12/04-80044-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  03/04/04 561-8839815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #