

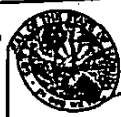
05 FOR PROFIT CORPOR ANNUAL REPORTATION

FILED
Aug 31, 2005 8:00 am
Secretary of State

07-05-2005 90115 033 ***150.00
08-31-2005 90013 015 ***400.00

DOCUMENT # P04000012032

1. Entity Name
AGRICULTECH, CORP.



Principal Place of Business
9450 SW 174TH STREET
MIAMI, FL 33157

Mailing Address
9450 SW 174TH STREET
MIAMI, FL 33157

50064236



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06152005

Chg-P

CR2E034 (10/03)

4. FEI Number

542143953

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JUAN A
10251 SUNSET DRIVE
SUITE A-106
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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
P
GONZALEZ, PEDRO P
9450 SW 174TH STREET
MIAMI, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
RODRIGUEZ, DAGOBERTO
9120 SW 93RD AVENUE
MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Pedro P. Gonzalez
Pedro P. GONZALEZ

July 04-05.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #