

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033285

Entity Name: AGRIMAX CORPORATION

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

1625 NW 20TH ST  
MIAMI, FL 33143

## New Principal Place of Business:

18090 COLLINS AVENUE  
179  
SUNNY ISLES BEACH, FL 33160

## Current Mailing Address:

1625 NW 20TH ST  
MIAMI, FL 33143

## New Mailing Address:

18090 COLLINS AVENUE  
179  
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-0752479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLOREZ, RAMON  
1625 NW 20TH ST  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

FLOREZ, RAMON  
18090 COLLINS AVENUE  
179  
SUNNY ISLES BEACH, FL 33160 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: RAMON FLOREZ

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLOREZ, RAMON  
Address: 5821 SW 13 ST  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: FLOREZ, CAROLINA  
Address: 150 NW 108 TER #302  
City-St-Zip: PEMBROKE PINES, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FLOREZ, CAROLINA  
Address: 1719 WHITEHALL DR., AP. 206  
City-St-Zip: PINE ISLAND RIDGE, FL 33324

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: RAMON FLOREZ

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date