

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000033285

1. Entity Name  
AGRIMAX CORPORATION



Principal Place of Business  
18090 COLLINS AVENUE  
179  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
18090 COLLINS AVENUE  
179  
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-0752479

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MR  
NAME FLOREZ, RAMON  
STREET ADDRESS 5821 SW 13 ST  
CITY-ST-ZIP PLANTATION, FL 33317 ☐ Delete

TITLE MISS  
NAME AMANDA GARCIA  
STREET ADDRESS 5821 SW 13 ST  
CITY-ST-ZIP PLANTATION, FL 33317 ☐ Change ☒ Addition

TITLE MISS  
NAME FLOREZ, CAROLINA  
STREET ADDRESS 1719 WHITEHALL DR., AP. 206  
CITY-ST-ZIP PINE ISLAND RIDGE, FL 33324 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100137433221  
10/29/08--01034--015 \*\*\$61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 20/2008

Date

305-586-4124

Daytime Phone #

10/30  
90