2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 25, 2008
Secretary of State

DOCUMENT# P04000089254

Entity Name: AGRA CONSULT INC.

Current Principal Place of Business:

7176 BURGESS DRIVE
LAKEWORTH, FL 33467

New Principal Place of Business:

6964 CROOKED FENCE DRIVE
LAKEWORTH, FL 33467

Current Mailing Address:

7176 BURGESS DRIVE
LAKEWORTH, FL 33467

New Mailing Address:

6964 CROOKED FENCE DRIVE
LAKEWORTH, FL 33467

FEI Number: 20-1254086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEREZ REYES, MONICA
7176 BURGESS DRIVE
LAKEWORTH, FL 33467 US

Name and Address of New Registered Agent:

PEREZ REYES, MONICA
6964 CROOKED FENCE DRIVE
LAKEWORTH, FL 33467 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: _____ 11/25/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVILA CHOCANO, CARLOS M
Address: 7176 BURGESS DRIVE
City-St-Zip: LAKEWORTH, FL 33467

Title: VP ( ) Delete
Name: MUR GHEZZI, MARCELA I
Address: 7176 BURGESS DRIVE
City-St-Zip: LAKEWORTH, FL 33467

Title: T (X) Delete
Name: DE LA CUBA, JAIME
Address: 7176 BURGESS DRIVE
City-St-Zip: LAKEWORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAVILA CHOCANO, CARLOS M
Address: 6964 CROOKED FENCE DRIVE
City-St-Zip: LAKEWORTH, FL 33467

Title: VP (X) Change ( ) Addition
Name: MUR GHEZZI, MARCELA I
Address: 6964 CROOKED FENCE DRIVE
City-St-Zip: LAKEWORTH, FL 33467

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARLOS M. DAVILA CHOCANO P 11/25/2008
Electronic Signature of Signing Officer or Director — Date