

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089254

Entity Name: AGRA CONSULT INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

6964 CROOKED FENCE DRIVE
LAKEWORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6964 CROOKED FENCE DRIVE
LAKEWORTH, FL 33467

New Mailing Address:

FEI Number: 20-1254086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ REYES, MONICA
6964 CROOKED FENCE DRIVE
LAKEWORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 DAVILA CHOCANO

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date