


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90110 047 ***150.00

DOCUMENT # P04000121679
 1. Entity Name
AGORA INTERNATIONAL ENTERPRISES CORP



Principal Place of Business Mailing Address
 8820 SW 132ND PLACE #101 8820 SW 132ND PLACE #101
 MIAMI, FL 33186 MIAMI, FL 33186

50026004



2. Principal Place of Business 3. Mailing Address
7468 S.W. 117 Ave **7468 SW 117 Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.
PMB 589 **PMB 589**

03102005 Chg-P CR2E034 (10/03)

City & State City & State
Miami, FL **Miami, FL**

4. FEI Number Applied For
16-1706340 Not Applicable

Zip Country Zip Country
33183 **USA** **33183** **USA**

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
CUELLO, ORLANDO J 8820 SW 132ND PLACE #101 MIAMI, FL 33186	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

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 \$150.00
After May 1, 2005 Fee will be \$550.00

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	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUELLO, ORLANDO J	NAME	
STREET ADDRESS	8820 SW 132ND PLACE #101	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 *Orlando J. Cuello* 03-10-05 (786) 223-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #