

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90001 034 ***150.00

DOCUMENT # P04000121679			
1. Entity Name AGORA INTERNATIONAL ENTERPRISES CORP			
Principal Place of Business 7468 SW 177 AVE PMB 589 MIAMI, FL 33183		Mailing Address 7468 SW 177 AVE PMB 589 MIAMI, FL 33183	
2. Principal Place of Business 8695 NW 6th LN		3. Mailing Address 8695 NW 6th LN	
Suite, Apt. #, etc. Apt # 207		Suite, Apt. #, etc. Apt # 207	
City & State Miami, FL 33126		City & State Miami, FL	
Zip 33126	Country USA	Zip 33126	Country USA
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CUELLO, ORLANDO J 8820 SW 132ND PLACE #101 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		02-08-06 (786) 223-2954	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	