

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000004250

Entity Name: AG INNOVATIONS INC.

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2240 SHOMA DRIVE  
WEST PALM BEACH, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

2240 SHOMA DRIVE  
WEST PALM BEACH, FL 33414 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALINDO, ALVINO  
2240 SHOMA DRIVE  
WEST PALM BEACH, FL 33414 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: GALINDO, ALVINO  
Address: 2240 SHOMA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33414 US

I hereby 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 all other like empowered.

SIGNATURE: ALVINO GALINDO

DPS

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date