

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 17, 2008
Secretary of State**

DOCUMENT# P05000090912

Entity Name: AGROMACHINERY CORPORATION

Current Principal Place of Business:

20250 NW 2ND ST.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

20250 NW 2ND ST.
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-3150094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONCHA, ZONIA
275 SW 198 TERRACE
PEMBROKE PINES, FL 33029 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: DP () Delete
Name: TORREALBA, ALI SR.
Address: 20250 NW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV () Delete
Name: TORREALBA, ALI JR.
Address: 20250 NW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT () Delete
Name: TORREALBA, ALTHIS
Address: 20250 NW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS () Delete
Name: TORREALBA, THISBETH
Address: 20250 NW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: BASTARDO, THISBETH
Address: 20250 NW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: TORREALBA, ALI SR.
Address: 20250 NW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 33029

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

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

Title: D (X) Change () Addition
Name: TORREALBA, THISBETH
Address: 20250 NW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 33029

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: ALI TORREALBA

Electronic Signature of Signing Officer or Director

DPS

09/17/2008

_____ Date