Apr 24, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000135704 04-24-2008 90095 043 ***150.00 1. Entity Name AGRO-PALMS, INC Principal Place of Business Mailing Address 4435 SW 160 AVE 19501 SW 53RD STREET MIRAMAR, FL 33027 MIRAMAR, FL 33019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 19501 SW 53 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 Chg-P CR2E034 (12/06) City & State City & State 4. FEL Number Applied For MIRAMAR, FL 20-3589467 Not Applicable Country Zip Country Zip 33029 \$8.75 Additional 5. Certificate of Status Desired Fee Required * 6:- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUNEZ, ROSARIO Street Address (P.O. Box Number is Not Acceptable) 4435 SW 160 AVE MIRAMAR, FL 33027 19501 SW 53 STREET MIRAMAR Zip Code 33029 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE n ☐ Delete TITLE Change ☐ Addition NUNEZ, ROSARIO NAME NAME STREET ADDRESS STREET ADDRESS 19501 SW 53 STREET CITY-ST-ZIF MIRAMAR, FL 33029 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITL F NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

786-290-6412

FILED

Daytime Phone #