## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000019275

Address:

City-St-Zip:

2637 E ATLANTIC BLVD #292

POMPANO BEACH, FL 33062

FILED May 06, 2008 Secretary of State

Entity Na	me: AGRIA INVESTMENTS, INC.			
Current P	rincipal Place of Business:	New Principal Place	of Business:	
	LANTIC BLVD #292 O BEACH, FL 33062			
Current N	lailing Address:	New Mailing Address	New Mailing Address:	
	LANTIC BLVD #292 O BEACH, FL 33062			
FEI Number	: FEI Number Applied For (	X) FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and	l Address of Current Registered Age	nt: Name and Address o	f New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US		81	5555 N. OCEAN BLVD.	
	e named entity submits this statement for e of Florida.	r the purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: ATTILA NOVAK			05/06/2008	
	Electronic Signature of Registere	ed Agent	Date	
In accordan	ice with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.		
	mpaign Financing Trust Fund Contribution (	•		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete BUSAK, AGNES V 2637 E ATLANTIC BLVD #292 POMPANO BEACH, FL 33062	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( ) Delete ZOMBORI, ZSOLT 2637 E ATLANTIC BLVD #292 POMPANO BEACH, FL 33062	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () Delete NOVAK, ATILLA 2637 E ATLANTIC BLVD #292 POMPANO BEACH, FL 33062	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete KRAKOCZKI, ADOLF 2637 E ATLANTIC BLVD #292 POMPANO BEACH, FL 33062	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( ) Delete ZOMBORI, KRISZTINA	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: AGNES BUSAK PD 05/06/2008