

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019275

Entity Name: AGRIA INVESTMENTS, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

2637 E ATLANTIC BLVD #292
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2637 E ATLANTIC BLVD #292
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 22-3953800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVAK, ATTILA
5555 N. OCEAN BLVD.
81
LAUDERDALE BY THE SEA, FL 33308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUSAK, AGNES V
Address: 2637 E ATLANTIC BLVD #292
City-St-Zip: POMPANO BEACH, FL 33062

Title: VD () Delete
Name: ZOMBORI, ZSOLT
Address: 2637 E ATLANTIC BLVD #292
City-St-Zip: POMPANO BEACH, FL 33062

Title: ST (X) Delete
Name: NOVAK, ATILLA
Address: 2637 E ATLANTIC BLVD #292
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: KRAKOCZKI, ADOLF
Address: 2637 E ATLANTIC BLVD #292
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: ZOMBORI, KRISTINA
Address: 2637 E ATLANTIC BLVD #292
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KRAKOCZKI ADOLF

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date