2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # P07000099208 1. Entity Name AGROPECUARIA LA MILAGROSA, INC.					•	03-10-20	08 90057		
Principal Plac	a of Business	Mailing Address							
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14719 BRUNSWOOD WAY			WAY .	.					
OKLANDO, FI	L 32024	ORLANDO; FL 32824							
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Principal Place of Business - No P.O. Box # 3. Mailing		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
Gaile, Apr. 7, 610.		Suite, Apt. #, etc.			03052008	Chg-P	CR2EC	34 (12/06)	
City & State		City & State			4. FEI Number		<u> </u>		plied For
			T		26-C	8550	90	No	Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	; 🗀	\$8.75 Add Fee Required	
	6. Name and Address of Current	! ! Registered Agent			7. Name and A	Address of New	Registered		
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TATA, FER				TANU	LL - FH +	SPAN CIR	0-10	MA	
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्रे ³⁸ संदे			City	City 7 / Zip Code					
8. The above	named entity submits this statement f	registered office of	r register	ed agent, or both	in the State of	Florida Lam	1328	Z <i>U</i>	
the obligat	tions of registered agent	or the party of the same same	o regional amos a	, 109000	od agont, or both	, 111 010 01010 01	rionda, ram		and accept
SIGNATURE	Signature expect or printed name of registered agen	t and title if applicable (NO	E: Registered Agent signa	ture required	when reinstating)	_	3/	5/08	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con	• -		00 May Be ed to Fees	1004			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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NAME STREET ADDRESS		- <u></u>	TITLE	P/+/		HANGES TO O	FFICERS AND		
NAME	ROSALES, MANUEL 14719 BRUNSWOOD WAY ORLANDO, FL 32824	- <u></u>	TITLE NAME	P/+/		HANGES TO O	FFICERS AND		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \(\)

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

\$ 407-446-195 Daytime Phone *