2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2008
Secretary of State

DOCUMENT# P07000118316

Entity Name: AGROVICMART USA, INC.

Current Principal Place of Business:

C/O ZVI RAFILOVICH, CPA, P.A.
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

C/O ZVI RAFILOVICH, CPA, P.A.
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 26-1330421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZVI RAFILOVICH, CPA, P.A.
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020 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: ZVI RAFILOVICH, CPA

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FELICIANO CHAVES, VICTOR F
Address: C/O ZVI RAFILOVICH, CPA 2229 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP ( ) Delete
Name: PINEROS, LEONARDO A
Address: C/O ZVI RAFILOVICH, CPA 2229 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ZVI RAFILOVICH, CPA POA 10/22/2008

Electronic Signature of Signing Officer or Director Date