

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082757

FILED
Feb 08, 2006
Secretary of State

Entity Name: AGRI BROTHERS CORP.

Current Principal Place of Business:

15901 S.W. 242 STREET
MIAMI, FL

New Principal Place of Business:

Current Mailing Address:

PO BOX 924890
PRINCETON, FL 33092 US

New Mailing Address:

FEI Number: 65-0619863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARAZOZA, COMAS, DE TORRES, ET. AL.
101 MADEIRA AVENUE
CORAL GABLES, FL 33134 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: PSD () Delete
Name: ARAZOZA, ALBERTO
Address: 9700SW 93 AVE.
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: ARAZOZA, EDUARDO
Address: 470 CAMPANA AVE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ARAZOZA, ALBERTO
Address: 9700 SW 93 AVE.
City-St-Zip: MIAMI, FL 33176

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERTO ARAZOZA

PRES

02/08/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date