2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State
04-03-2006 90410 023 ***158.75

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1. Entity Name
AGRO-VINE ENTERPRISES INC.

Principal Place of Business	Mailing Address
6241 NW 16TH PLACE SUNRISE, FL 33313	6241 NW 16TH PLACE SUNRISE, FL 33313

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03282006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0768401
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORTONEZ, GABRIEL C 6241 NW 16TH PLACE SUNRISE, FL 33313	Name: Claudio Ordonez Street Address (P.O. Box Number is Not Acceptable): 6241 NW 16th PLACE City: Sunrise FL Zip Code: 33313

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Claudio M Ordonez 5-2-06
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name changed.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORDONEZ, CLAUDIO 6241 NW 16TH PLACE SUNRISE, FL 33313	☐ Delete	P RENEE M Ordonez 6241 NW 16TH PLACE SUNRISE FL 33313	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ORDONEZ, GABRIEL C 6241 NW 16TH PLACE SUNRISE, FL 33313	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OST ORDONEZ, SANDRA C 6241 NW 16TH PLACE SUNRISE, FL 33313	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudio Ordonez 4-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Renee M Ordonez 5-2-06