



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90282 034 ***150.00

DOCUMENT # P97000081415 1. Entity Name AGRAM, INC.					
Principal Place of Business 100 SUNRISE AVENUE 204E PALM BEACH, FL 33480			Mailing Address 100 SUNRISE AVENUE 204E PALM BEACH, FL 33480		
2. Principal Place of Business 1226 NORTHLAKE WAY Suite, Apt. #, etc.		3. Mailing Address 1226 NORTHLAKE WAY Suite, Apt. #, etc.			
City & State PALM BEACH FL Zip 33480 Country USA		City & State PALM BEACH FL Zip 33480 Country USA		4. FEI Number 65-0789040 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUKOV, NIKITA 100 SUNRISE AVENUE 204E PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name NIKITA ZUKOV Street Address (P.O. Box Number is Not Acceptable) 1226 NORTHLAKE WAY City PALM BEACH FL Zip Code 33480	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ZUKOV, NIKITA 100 SUNRISE AVENUE PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUKOV, NIKITA 1226 NORTHLAKE WAY PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUKOV, PAULA 100 SUNRISE AVENUE PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUKOV, PAULA 1226 NORTHLAKE WAY PSLM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Paula Zukov</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>3.29.04</i> Daytime Phone #		

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