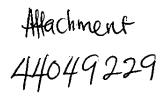
2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 21, 2004 8:00 am Secretary of State **DOCUMENT # P98000009547** 1. Entity Name AGROTEC WEST INDIES CORP. Principal Place of Business Mailing Address 12550 BISCAYNE BLVD 1805 IXORA ROAD 44049229 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 No Cha-P CR2E034 (10/03) 07072004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0804859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DE LEON, LEON J DO NOT WRITE 1805 IXORA ROAD NORTH MIAMI, FL 33181 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE DE LEON, LEON J NAME 1805 IXORA ROAD STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33181 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the Normation supplied indicated on this report or of the corporation or the re changed, or on an atta with all other JON DE 14 05 891 4159 **SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED





CERTIFIED PUBLIC ACCOUNTANTS

4649 PONCE DE LEON BLVD.

SUITE 404

CORAL GABLES, FL 33146 - 2118

TEL: 305-662-7272 FAX: 305-662-4266

ALBERNICABALLEROCPA.COM

July 7, 2004

Florida Department of State Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314

Re:

Agrotec West Indies Corp.

Document # P98000009547

Gentlemen:

Enclosed please find our client's 2004 corporation annual report, along with their check in the amount of \$150.00. We are respectfully requesting an abatement of the \$400 penalty since our client never received the corporation annual report form.

Respectfully,

Pedro L. Alberni, CPA.

enclosures