

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90027 022 ***150.00

DOCUMENT # P98000009547

1. Entity Name
AGROTEC WEST INDIES CORP.



Principal Place of Business
**12550 BISCAYNE BLVD
NORTH MIAMI, FL 33181**

Mailing Address
**1805 IXORA ROAD
NORTH MIAMI, FL 33181**

44049229



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0804859

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DE LEON, LEON J
1805 IXORA ROAD
NORTH MIAMI, FL 33181**

**DO NOT WRITE
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE LEON, LEON J
1805 IXORA ROAD
NORTH MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04 **305 891 4158**
Date Daytime Phone #

Attachment
44049229



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