


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -7 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026205		
1. Entity Name AGROPRODIMPEX CORPORATION		

Principal Place of Business 360 SOUTH SHORE DRIVE SARASOTA, FL 34234	Mailing Address 12260 WILLOW GROVE RD BLOG 2 CAMOLEN, DE 19934
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REINSTATEMENT 04-05

2. Principal Place of Business 302 Regent St. Suite, Apt. #, etc. Suite 401 City & State London Zip W1B-3HH	3. Mailing Address Si 1220 N. Market St. Suite 804 Wilmington, DE 19801, USA
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01102005	REIN-P	CR2E098 (6/04)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234	
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7. Name and Address of New Registered Agent Name Street Florida Filing & Search Services 1333 North Duval Street City Tallahassee, FL 32303 Zip Code	
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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 <u>Abbie P. Hodge</u> VP	DATE <u>2/7/05</u>

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete POROSHENKO, ALEXEY ANNESLEY HOUSE RECT RD CHELMSFORD, ESSEX, UK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAYNER, MARK ANNESLEY HOUSE RECT RD CHELMSFORD, ESSEX, UK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300046850623 02/18/05--01005--022 ***900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u>	DATE <u>02/10/2005</u>