DOCUMENT # P99000031791

1. Entity Name

AGRO INDUSTRIES, INC.

Principal Place of Business

Mailing Address

1710 PALM CIRCLE LAKE CITY FL 32055 1710 PALM CIRCLE LAKE CITY FL 32055

Place of Business XOCIO

Name and Address of Current Registered Agent

5. Certificate of Status Desired

SPIEGEL & UTRERA, P.A. 333 ALMERIA AVENUE **CORAL GABLES FL 33134**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** ☐ Delete TITLE RRZ BOX 5075 FORT WHITE FL 32038 NAME NAME DANIEL, EDDY-MICHEL STREET ADDRESS STREET ADDRESS 2642 WILEY STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete TITLE TITLE RK2 BOX 5075 NAME DANIEL, MARIA-JOSE NAME STREET ADDRESS STREET ADDRESS -1710 PALM CIRCLE -FORT WHITE FL. 32038 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 to e 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attach with all other like empowered.

SIGNATURE: