2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # S83665 1. Entity Name ANTILLES AGRICULTURAL SERVICES, INC. Principal Place of Business Mailing Address 1110 RRICKELL AVE #430 1110 RDICKELL AVE #430

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90702 037 ***150.00

MIAMI, FL 33					
DO NOT WRITE IN THIS SPACE			61-11-11-Feb.		
			CE.	04282004 No Chg-P CR2E034 (10	/03)
			UE.	4. FEI Number 65-0326719	Applied For Not Applic
			1		Additional
Name and Address of Current Registered Agent				ree ne	44505
PORRO, CARLOS R 1110 BRICKELL AVE STE 430			DO NOT WRITE IN THIS SPACE		
MIAMI, Pt. 33131				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 accomplete the obligations of registered agent.					
SIGNATURE					
* *k	Signature, typed or printed name of registered agent and	inte il applicable. (NUTE: Hegaslere	ed Agent signature required	d when reinstating) DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND D	RECTORS	10 Sec. 11		
TITLE	PSTD	i.			
NAME	PORRO, CARLOS R				* 1 * * * * * * * * * * * * * * * * * *
STREET ADDRESS CITY-ST-ZIP	1110 BRICKELL AVE, SUITE 430 MIAMI, FL				
TITLE	3.1				
NAME				Section 1980 Section 1980	
STREET ADDRESS City-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE			The same of the sa	- IN THIS-SPACE:	
NAME			Towns of the Co		
STREET ADDRESS CITY-ST-ZIP					
			1	98	
TITLE NAME	1				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					2794
NAME					
STREET ADDRESS	1				
CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 find that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee encrywered Leviscute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with all other like emprowered.

SIGNATURE: