

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90420 025 \*\*\*150.00

**DOCUMENT # S83665**

1. Entity Name  
**ANTILLES AGRICULTURAL SERVICES, INC.**



Principal Place of Business  
**1110 BRICKELL AVE, #430  
MIAMI, FL 33131**

Mailing Address  
**1110 BRICKELL AVE, #430  
MIAMI, FL 33131**

4000



04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

**1111 BRICKELL AVE**

Suite, Apt. #, etc.  
**#1100**

City & State  
**MIAMI, FL**

Zip  
**33131**

Country  
**USA**

3. Mailing Address

**1111 BRICKELL AVE**

Suite, Apt. #, etc.  
**#1100**

City & State  
**MIAMI, FL**

Zip  
**33131**

Country

4. FEI Number  
**65-0326719**

Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent

**PORRO, CARLOS R  
1110 BRICKELL AVE  
STE 430  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**CARLOS R. PORRO**

Street Address (P.O. Box Number is Not Acceptable)  
**1111 BRICKELL AVE**

**STE 1100**

City  
**MIAMI**

FL

Zip Code  
**33131**

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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  
**PSTD  
PORRO, CARLOS R  
1110 BRICKELL AVE, SUITE 430  
MIAMI, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
PORRO, CARLOS R.  
1111 BRICKELL AVE, SUITE 1100  
MIAMI, FL 33131** ☒ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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

**CARLOS R. PORRO**

Day

Daytime Phone #

**4/26/06 305 358-8992**