

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90129 014 ***167.50

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1. Entity Name

AGRICULTUREX CORPORATION



Principal Place of Business

1602 ALTON ROAD
PMB 100
MIAMI FL 33139

Mailing Address

1602 ALTON ROAD
PMB 100
MIAMI FL 33139

50051763



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0396934

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, A.
1602 ALTON ROAD
PMB 500
MIAMI BEACH FL 33139

Name

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

City

FL

Zip Code

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE DT ☐ Delete
NAME PANGLE, L
STREET ADDRESS 1602 ALTON ROAD, #100
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE PAS ☐ Delete
NAME ROMAN, M
STREET ADDRESS 1602 ALTON RD 100
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE VPS ☐ Delete
NAME ALEXANDER, A
STREET ADDRESS 1602 ALTON RD 100
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, or on an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. PANGLE

4-27-05

**305-358
4441**