


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H65997
 1. Entity Name
 AGROSISTEMAS DE AMERICA, INC.



Principal Place of Business Mailing Address
 6415 SW 127TH PL 6415 SW 127TH PL
 MIAMI, FL 33183 US MIAMI, FL 33183 US



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0038708 Not Applicable

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

6. Name and Address of Current Registered Agent
 CRUZ, VLADIMIR
 6415 S.W. 127TH PL.
 MIAMI, FL 33183

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CRUZ, VLADIMIR
STREET ADDRESS	6415 S.W. 127TH PL.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	CRUZ, LOURDES
STREET ADDRESS	6415 SW 127TH PL
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	CRUZ, IGNACIO
STREET ADDRESS	10601 S.W. 73RD AVE.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/04/04-80032-020 150.00

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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: VLADIMIR CRUZ  4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #