

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000058456

Entity Name: AGRIROOTS INC.**Current Principal Place of Business:**3080 CR 830
FELDA, FL 33930**Current Mailing Address:**P.O. BOX 1528
IMMOKALEE, FL 34143 US**FEI Number:** 84-2568529**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIJON, HUGO
1305 REFLECTIONS WAY
UNIT 8
IMMOKALEE, FL 34142 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GIJON, HUGO
Address	1305 REFLECTIONS WAY UNIT 8
City-State-Zip:	IMMOKALEE FL 34142

Title	VP
Name	GIJON, GREGORIO
Address	3080 CR 830
City-State-Zip:	FELDA FL 33930

Title	OFFI
Name	GIJON-DIAZ, MARCOS
Address	3080 CR 830
City-State-Zip:	FELDA FL 33930

Title	OFFI
Name	GIJON DIAZ, ROLLIN
Address	3080 CR 830
City-State-Zip:	FELDA FL 33930

Title	OFFI
Name	MARTINEZ, JUANITA
Address	1305 REFLECTIONS WAY UNIT 8
City-State-Zip:	IMMOKALEE FL 34142

Title	VPP
Name	GIJON, MARILYN
Address	3080 CR 830
City-State-Zip:	FELDA FL 33930

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HUGO GIJON

P

03/05/2025

Electronic Signature of Signing Officer/Director Detail_____
Date