


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 642547
 1. Entity Name
MANUFACTURING EQUIPMENT & TOOLS EXPORT, INC.



Principal Place of Business 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131 US	Mailing Address 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131 US
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03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1948972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRIEDHOFF, JOHN H.
 100 SE SECOND STREET
 17TH FLOOR
 MIAMI, FL 33131

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

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

U00000144584
 04/30/04-80138-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMID, PEDRO 5220 NW 72 AVE #30 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD URBIZO, CARLOS 5220 N.W. 72 AVE. #30 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, NELSON 5220 NW. 72 AVE#30 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 persons empowered.

SIGNATURE: [Signature] 4/21/04 305 594-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #