2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P00000094532** 1. Entity Name H.K. EXPORT, INC. Principal Place of Business Mailing Address 170-21 N BAY RD 17395 N BAY RD 201 SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-1055730 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORENO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 245 SE 1ST STREET MIAMI, FL 33131 City Zip Code 3. 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ ☐ Defete TITLE Change Addition TITLE MORENO, FERNANDO NAME STREET ADDRESS 245 S.E. 1ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CHY-ST-ZIP ☐ Delele TITLE Change Addition TITLE NAME NAME U00000348300 STREET ADDRESS STREET ADDRESS 05/02/05-80018-018 150.00 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change 🔲 Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete. TITLE Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(f). 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 logal effect as if made under earth, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED