2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State

ANNOALILLIONI				- i 3	Secretary of State			
DOCUMENT # P0000094532 1. Entity Name H.K. EXPORT, INC.				05-08-2006 90278 026 ***150.00				
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	7				
17395 N BAY RD 170-21 N BAY RD			·					
201 723				,				
SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160)		Esii esii esii esii e			
2. Principal Place of Business		3. Mailing Address 1119A Saist RVE						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006	Chg-P	CR2E034 (11/05)		
Holly wood FL		City & State No 1/ywood FL		4. FEI Numbe 65-1055		— — — — — — — — — — — — — — — — — — —	plied For Applicable	
Zip 3 3	020 854	33020	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current		7. Name and	Address of New	Registered Agent			
			Name					
MORENO, FERNANDO 245 SE 1ST STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33131								
			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 NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTORS	3 IN 11	
THLE	PD	☐ Delete	TITLE			Change	☐ Addition	
NAME	MORENO, FERNANDO		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	245 S.E. 1ST STREET MIAMI, FL 33131	CITY-ST-ZIP						
·	WALKAR, TE 33131	□ P-I-I-	+		-	Channa Channa	[] Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
1±TLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	Addition :	
NAME			NAME				İ	
STREET ADORESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information								
12. Thereby (centry that the information supplied with	uns ming does not quality for	me exemptions contain	eu in Chapter i 19,	Fiorida Statutes.	a lumber centry that the in	nomiation	

12. Thereby certify that the information supplies with this limit does not quality for the exemptors contained in Chapter 16, round statutes. 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 orable; that I am an officer or director of the corporation or the receiver or trustee employered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4128/06

9549299832

Daytime Phone #