


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000048545

Entity Name: **ATIONAL EXPORT MARKETPLACE, INC.**



Principal Business Mailing Address

% FRED E. GLICKMAN, ESQUIRE % FRED E. GLICKMAN, ESQUIRE
 9200 S. DADELAND BLVD., SUITE 508 9200 S. DADELAND BLVD., SUITE 508
 MIAMI, FL 33156 MIAMI, FL 33156



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1107463** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GLICKMAN, FRED E ESQ.
 9200 SOUTH DADELAND BLVD., SUITE 508
 MIAMI, FL 33156

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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, 2007 Fee will be \$550.00

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

U00000666318
 03/23/07-80064-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	VON DER GOLTZ, MARKUS
STREET ADDRESS	%9200 S. DADELAND BLVD., SUITE 508
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	PTD
NAME	VON DER GOLTZ, CHRISTIAN
STREET ADDRESS	%9200 S. DADELAND BLVD., SUITE 508
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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: Christian von der Goltz Date: 3/14/07 Daytime Phone #: 305-670-0987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #