

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

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04 JAN 26 PM 1:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 1. Entity Name	803 - 87913 MABROUKA IMPORT & EXPORT INC
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2637 NW 20TH STREET Suite, Apt. #, etc.	3. Mailing Address 2637 NW 20TH STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 33-1069007	Applied For Not Applicable
Zip 33142	Country	Zip 33142	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SUSAN SQUIRES	
Street Address (P.O. Box Number is Not Acceptable) 2637 NW 20TH STREET	
300027982878 01/30/04--01003--022 **150.00	
City MIAMI	FL Zip Code 33142

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  SUSAN SQUIRES Jan 22 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SUSAN SQUIRES 2637 NW 20TH STREET MIAMI, FL. 33142	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 on an attachment with an address, with all other like empowered.

SIGNATURE  SUSAN SQUIRES Jan 22, 2004 305 662-7164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #