

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90120 033 ***150.00

DOCUMENT # P03000087913
 1. Entity Name
 MABROUKA IMPORT/EXPORT, INC.



Principal Place of Business Mailing Address
 5750 SW 46TH TERR 5750 SW 46TH TERR
 MIAMI, FL 33155 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

40041030



03042006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1069007	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
~~ZANDT~~ SQUIRES, SUSAN VAN ZANDT
 5750 SW 46TH TERR
 MIAMI, FL 33155

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZANDT SQUIRES, SUSAN VAN Zandt 2637 NW 20TH STREET 5750 SW 46 TERR MIAMI, FL 33142 Miami, FL 33155
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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 live empowered.

SIGNATURE: Susan Squires X SUSAN VAN ZANDT SQUIRES X 03/04/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #