2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# P05000161610

Entity Name: JACKSONVILLE IMPORT EXPORT CORPORATION

Current Principal Place of Business:

5816 NORMANDY BLVD
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5816 NORMANDY BLVD
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 84-1696821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUYNH, LONG M
12761 TROPIC DRIVE NORTH
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NGUYEN, CHINH T D
Address: 236 BROOKCHASE LANE W
City-St-Zip: JACKSONVILLE, FL 32225

Title: V ( ) Delete
Name: NGUYEN, CHINH T D
Address: 236 BROOKCHASE LANE W
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete
Name: HUYNH, LONG M D
Address: 12761 TROPIC DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: COO ( ) Delete
Name: LE, KHANH D
Address: 227 LOT B3, APARTMENT BLDG WARD 3, DIST. 4
City-St-Zip: HO CHI MINH, VN VIETNAM

Title: T ( ) Delete
Name: HUYNH, LONG M D
Address: 12761 TROPIC DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HUYNH, LONG M D
Address: 12761 TROPIC DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONG MINH HUYNH P 06/15/2009

Electronic Signature of Signing Officer or Director — Date