2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 27, 2008 8:00 am Secretary of State **DOCUMENT # P07000092996** 04-23-2008 90017 004 ***150.00 1. Entity Name ACEREO EXPORT CORP. Principal Place of Business Mailing Address 12275 SW 10 TERR 12275 SW 10 TERR MIAMI, FL 33184 MIAMI, FL 33184 66012067 2. Principal Place of Business - No P.O. Box # Mailine Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04192008 ----- Chg-P------ CR2E034 (12/06) -- -City & State City & State 1. FEI Number 26 - 075 9092 Applied For Not Applicable Country Zo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENANCIO REQUENA, MARCOS Street Address (P.O. Box Number is Not Acceptable) 12275 SW 10 TERR MIAMI, FL 33184 City Zip Code 8. The above named entiry cubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of egistered agent (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD ☐ Delete TITLE ☐ Change ☐ Addition REQUENA, MARCOS V NAME NAME 12275 SW 10 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33184 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NUME NULE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-57-21P TITLE ☐ Delete IIILE Change ☐ Addition MALIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-772 CITY-ST-ZIP TITLE Delete ITLE Change [] Addition NAME MALEF STREET ADDRESS STREET ADDRESS CITY-ST-ZĨP CITY-SY-ZIP TATLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE. ☐ Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 attachingst "yith an address, with all other like empowered." 305 2198111 SIGNATURE

FILED