

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

FILED 05-02-2002 90120 018 ***150.00
P92000011635

02 MAY -9 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011635
1. Entity Name
WORLD EXPORT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12101 NW 98 Avenue Suite, Apt. #, etc. Unit # 4 City & State Hialeah Gardens Fl. Zip Country		3. Mailing Address THE SAME Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0380678	Applied For <input type="checkbox"/> Not Applicable
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	GUILLERMO RODRIGUEZ	
Street Address (P.O. Box Number is Not Acceptable)	141 NW 152 Avenue	
City	Pembroke Pines	FL Zip Code 33028

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ GUILLERMO 141 NW 152 Avenue Pembroke Pines, Fl. 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DS NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ LUCELLY 141 NW 152 Avenue Pembroke Pines, Fl. 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE <i>05/15</i>
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **04/20/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #