2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2003 8:00 am Secretary of State

1. Entity N		266685 & EXPORTS INC				02-27-2003	90135 013	3 ***150.0	00	
Principal Place of Business : Mailing Address 9000 SW 48TH TERRACE P O BOX 350752 MIAMI FL 33165 MIAMI FL 33135-0752										
2. Principa	al Place of Business	3. M	failing Address	 _		j laani a isatu bii				
Suite, Ap	.pt. #, etc.	Su	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & St	tate	Cit	City & State		+	4. FEI Number 65: 031 5496 Applied For				
Zip	[untry Zip	•	Country		5. Certificate of State			Not Appli	cable
	6. Name and #	Address of Current Register	red Agent			7. Name and Addre	ss of New Regis	Fee Re	quirea	
POMAN				- Name						- - -,
9000 S.W. 48TH TERRACE				Street	Address (P.C	D. Box Number is Not	Acceptable)			
MIAMI FI	L 33165									\neg
				City	<u> </u>			FL Zip	Code	\dashv
8. The above the obligation	ve named entity subm pations of registered ag	nits this statement for the purp	pose of changing its re-	gistered office	or registered	agent, or both, in the	State of Florida	1 L		ept
		,-								- 1
CICKIATI IDE	-									1
SIGNATURE	Signature, typed or printed	d name of registered agent and bite if app	oficable. (NOTE: Re	legistered Agent signa	ature required whe	en reinstating)		DATE		
	Signature, typed or printed	E IS \$150.00	plicable. (NOTE: Fix	logistered Agent sign	ature required whe					
l Afte	Signature, typed or printed FILE NOW!!! FEE ter May 1, 2003 Fee	E IS \$150.00	plicable. (NOTE: Ri	legistered Agent sign	ature required whe	9. Election Ca	ampaign Financii Contribution.	ng _ \$	5.00 May E	Be
Afte Make Chec 10.	Signature, typed or printed FILE NOW!!! FEE ler May 1, 2003 Fee ck Payable to Floric	E IS \$150.00 o will be \$550.00		legistered Agent signa		9. Election Ca Trust Fund	Contribution.	ng \$	ded to Fees	Be
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I hereby certify that the information supplied with this filling 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 frue 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 employered 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 like empowered.

SIGNATURE:

ME REQUIRED ED NAME OF SIGNING OFFICER OR DIRECTOR

223-0820