

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90169 015 ***150.00

DOCUMENT # 642547 1. Entity Name MANUFACTURING EQUIPMENT & TOOLS EXPORT, INC.			
Principal Place of Business 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131 US		Mailing Address 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131 US	
2. Principal Place of Business John H. Friedhoff Fowler White Burnett P.A. 1395 Brickell Avenue Fourteenth Floor Miami, Florida 33131-3302		3. Mailing Address John H. Friedhoff Fowler White Burnett P.A. 1395 Brickell Avenue Fourteenth Floor Miami, Florida 33131-3302	
4. FEI Number 59-1948972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDHOFF, JOHN H. 100 SE SECOND STREET 17TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: John H. Friedhoff Street: Fowler White Burnett P.A. 1395 Brickell Avenue Fourteenth Floor City: Miami, Florida 33131-3302 Code:	
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: <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE: <u>4/7/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: SCHMID, PEDRO STREET ADDRESS: 5220 NW 72 AVE #30 CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: URBIZO, CARLOS STREET ADDRESS: 5220 N.W. 72 AVE. #30 CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: FERNANDEZ, NELSON STREET ADDRESS: 5220 NW. 72 AVE#30 CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: SCHMID ENRIQUE STREET ADDRESS: 5220 NW 72 AVE # 30 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ENRIQUE SCHMID		Date: <u>4/7/05</u> (305) 888-4078	