2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90210 022 ***150.00

DOCUMENT # 671442

1. Entity Name

MIAMI T.V. APPLIANCES EXPORT CORP.

Principal Place of Business	Mailing Address
2555 N.W. 107 AVE MIAMI FL 33172 US	2555 COLLINS AVE #1600 MIAMI BEACH FL 33140

1st MOORE CR2E034_(10/05)

2. Principal Place of Business	3. Mailing Address
2555 Collins AVE	
Suite, Apt. #, etc. #1600	Suite, Apt. #, etc.
City & State MIAMI BEACH, Fla	City & State
Zip 33140 Country USA.	Zip Country

4. FEI Number 59-2000668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE HOMBRE, JAIME
2555 N.W. 107 AVE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name JAIME DE Hombre
Street Address (P.O. Box Number is Not Acceptable) 2555 Collins AVE #1600
City MIAMI BEACH, FL Zip Code 33140

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☐ Change ☐ Addition
NAME	DE HOMBRE, JAIME		NAME	JAIME DE Hombre	
STREET ADDRESS	2555 N.W. 107 AVE.		STREET ADDRESS	2555 Collin AVE #1600	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MIAMI BEACH, Fla 33140	
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOMBRE, GLORIA		NAME		
STREET ADDRESS	2555 COLLINS AVE #1600		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like empowered.

SIGNATURE: [signature] JAIME DE Hombre — 4/28/06 — 305-591-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #