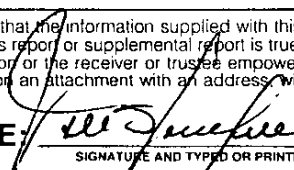


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 2555 N.W. 107 AVE MIAMI FL 33172 US			Mailing Address 2555 COLLINS AVE #1600 MIAMI BEACH FL 33140		
2. Principal Place of Business 2555 COLLINS AVE			3. Mailing Address 2555 COLLINS AVE		
Suite, Apt. #, etc. #1600			Suite, Apt. #, etc. #1600		
City & State MIAMI BEACH, FLA			City & State MIAMI BEACH, FLA		
Zip 33140		Country USA		4. FEI Number 59-2000668	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reconstituting) 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 NAME STREET ADDRESS CITY-ST-ZIP	P DE HOMBRE, JAIME 2555 N.W. 107 AVE. MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAIME DE HOMBRE 2555 COLLINS AVE #1600 MIAMI BEACH, FLA 33140	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOMBRE, GLORIA 2555 COLLINS AVE #1600 MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
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:  JAIME DE HOMBRE			Date: 4/27/06 Daytime Phone #: 305-591-2585		