2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State
03-22-2005 90015 046 ***150.00

DOCUMENT # F09725

1. Entity Name
FRANK'S MOTOR EXPORTS CORP.

20023855

03082005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
3905 RIVIERA DR. C/O TERESA HERRERA CORAL GABLES, FL 33134	3905 RIVIERA DR. C/O TERESA HERRERA CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
PO Box 141294 Suite, Apt. #, etc.	PO Box 141294 Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number: 59-2055213 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD HERRERA
425 ALEDO AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: John Herrera, Esq
Street Address (P.O. Box Number is Not Acceptable): 1320 South Dixie Highway, PH. 1275
Coral Gables FL Zip Code 33146

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: _____ DATE: 3/14/05
Signature of new registered agent and title if applicable (NOTE: Required signature if changing registered agent)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	VPS HERRERA, JOHN 430 CANDIA AVE CORAL GABLES, FL	☒ Delete	VPS John Herrera 1320 S Dixie Hwy PH. 1275 Coral Gables, FL. 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERRERA, RICHARD 425 ALEDO AVE CORAL GABLES, FL 33134	☒ Delete	P Herrera, Richard POBox 14-1294 Coral Gables, FL. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 3/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR Date

Daytime Phone #