2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22812

FILED Apr 30, 2009 Secretary of State

Entity Na	me: THREE (CEES IMPORT AND EXPORT,	INC.		
Current Principal Place of Business:			New Principal Place of Business:		
204 SW 5 ⁻ MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
204 SW 57 AVE MIAMI, FL 33144 US			PO BOX 160897 MIAMI, FL 33116 US		
FEI Number	: 59-2684399	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ROSS, CALVIN G 13872 SW 153RD TER MIAMI, FL 33177 US				13872 SW 153RD TER	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CALVIN G. ROSS				04/30/2009	
	Electror	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (ROSS, CALVIN 13872 SW 153 MIAMI, FL 331	RD TER	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TS (ROSS, CARME 13872 SW 153 MIAMI, FL 331	RD TER	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (1 HOSANG, DIAN 8370 SW 183 MIAMI, FL 331	ΓER	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zin:	D () ROSS, CHRIST 10130 SW 166 MIAMI FL 331	TH COURT	Title: (Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN G. ROSS DP 04/30/2009