2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2008 08:00 A Secretary of State DOCUMENT # F78495 1. Entity Name **EXPORTMATIC CORPORATION** Mailing Address Principal Place of Business 4240 GALT OCEAN DRIVE 4240 GALT OCEAN DRIVE **SUITE 1805 SUITE 1805** FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For 4. FEi Number City & State City & State 59-2218943 Not Applicable Ζip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLV 1600 MIAMI CENTER, SUITE 1500 LAD MIAMI FL 33131 Zip Code City 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. DATE Signature, typed or crimed name of registered open and the haspicable. (NOTE: Registered Agen) signature required when reinstatings FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE De ete U00000882158 FACCINI, BENITO NAME NAME 04/03/03-80039-005 158.75 STREET ADDRESS STREET ADDRESS 4240 GALT OCEAN DR, SUITE 1805 CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP Change ■ Addition Derete ПΠЕ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY~ST-ZIP Change Addition Derete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREE? ADDRESS STREET ADDRESS City-SI-ZIP CITY-S1-ZIP ☐ Change Addition ☐ Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information subclied 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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