2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002547

BULLIS, KARY

15960 SW 77 ST

MIAMI, FL 33193

Name:

Address: City-St-Zip:

Entity Name: EXPORT AND BUSINESS SERVICES INC.

FILED Apr 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13701 N KENDALL DR 13701 N KENDALL DR STE 306 306 MIAMI, FL 33186 MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 13701 N KENDALL DR MIAMI, FL 33186 FEI Number: 65-0566545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOON, DAVID 16417 SW 73RD LN MIAMI, FL 33193 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FERNANDEZ, MARIA L Name: Name: 14001 SW 100 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: PD Title: () Delete () Change () Addition BARROS, PEDRO A Name: Name: 14001 SW 100 AVENUE Address: Address: MIAMI, FL 33176 City-St-Zip: City-St-Zip: Title: VPC Title: () Delete () Change () Addition BOON, DAVID Name: Name: 16417 SW 73RD LN Address: Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: Title: () Delete Title: () Change () Addition BOON, SUSAN Name: Name: Address: 16417 SW 73RD LN Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KARY BULLIS S 04/23/2004