## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 08:00 AN Secretary of State **DOCUMENT # J56355** 1. Entity Name MEXIPORT, INC. Mailing Address Principal Place of Business 7350 S. TAMIAMI TRAIL 7350 S. TAMIAMI TRAIL **SUITE #244** SUITE #244 SARASOTA, FL 34231 SARASOTA, FL 34231 No Cha-P CR2E034 (11/05) 04302008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0006538 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE OBEROI, SAM 7350 S. TAMIAMI TRL. #244 SARASOTA, FL 34231 IN THIS SPACE 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 Signature, typed or printed name of registered agent and titla if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees U00000939447 OFFICERS AND DIRECTORS 10. PD TITLE NAME OBEROI, SAM 7350 S. TAMIAMI TRL. #244 STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

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