


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90107 016 \*\*\*\*50.00

<b>DOCUMENT # L03000020512</b>	
1. Entity Name P.S. EXPORT COMPANY, LLC	

Principal Place of Business C/O LOUIS NOSTRO, ESQ. 201 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131	Mailing Address C/O LOUIS NOSTRO, ESQ. 201 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131
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44003800



2. Principal Place of Business 7000 Island Boulevard	3. Mailing Address 7000 Island Boulevard
Suite, Apt. #, etc. #1406	Suite, Apt. #, etc. #1406
City & State Aventura Florida	City & State Aventura Florida
Zip 33160 Country USA	Zip 33160 Country USA

01292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0173621	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI C/O LOUIS NOSTRO 201 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Phyllis Saunders Street Address (P.O. Box Number is Not Acceptable) 7000 Island Boulevard, #1406 City Aventura FL Zip Code 33160
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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 <i>Phyllis Saunders</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>2/4/04</i> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Phyllis Saunders <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7000 Island Blvd. #1406 Aventura, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Dean B. Saunders <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7000 Island Blvd. #1406 Aventura, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <i>Phyllis Saunders</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Phyllis Saunders, Manager	Date <i>2/4/04</i>	Daytime Phone # <i>305 936 8663</i>
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