2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2006 08:00-AN Secretary of State DOCUMENT # L04000072053 1. Entity Name N.I.S IMPORT & EXPORT, LLC Principal Place of Business Mailing Address 2310 N.W. 189TH AVENUE 2310 N.W. 189TH AVENUE PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 04252006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1708793 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NUNEZ, LEONEL DO NOT WRITE 2310 N.W. 189TH AVENUE PEMBROKE PINES, FL 33029 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 05/13/06-80079-015 50.00 MGR TITLE NUNEZ, LEONEL NAME STREET ADDRESS 2310 N.W. 189TH AVENUE CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE NAME NUNEZ, ANGELA STREET ADDRESS 2310 N.W. 189TH AVENUE PEMBROKE PINES, FL 33029 CITY-ST-ZIP TITLE NUNEZ, LEONEL NAME STREET ADDRESS 2310 N.W. 189TH AVENUE DO NOT WRITE PEMBROKE PINES, FL 33029 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby 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 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 or powered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OF FINTED NAME OF SIGNING MANAGING MEMBER OF AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Ob (954)547-6510

FILED