

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076340

Entity Name: C P EXPORT & IMPORT, LLC

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

8200 W 33RD AVE
SUITE 15
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

8200 W 33RD AVE
SUITE 15
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 20-3256134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHAT A REFUND, INC
8200 W 33 AVE
15
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

CELIK, ROSARIO
8200 W 33 AVE
15
HIALEAH, FL 33018 US

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: ROSARIO CELIK 03/19/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHAT A REFUND, INC,
Address: 8200 W 33RD AVE STE 15
City-St-Zip: HIALEAH, FL 33018

Title: MGRM () Delete
Name: CACERES, GUILLERMO J
Address: 8200 W 33RD AVE STE 15
City-St-Zip: HIALEAH, FL 33018

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CELIK, ROSARIO
Address: 8200 W 33RD AVE SUITE 15
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSARIO CELIK MGRM 03/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date