2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# L07000005570

Entity Name: E & S IMPORT EXPORT LLC

Current Principal Place of Business:

1145 97 ST
2
BAY HARBOR ISLAND, FL 33154 US

New Principal Place of Business:

17150 N BAY ROAD
2207
SUNNY ISLES, FL 33160 US

Current Mailing Address:

1145 97 ST
2
BAY HARBOR ISLAND, FL 33154 US

New Mailing Address:

17150 N BAY ROAD
2207
SUNNY ISLES, FL 33160 US

FEI Number: 83-0471270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MANOR, SHAHAR
1145 97 ST
2
BAY HARBOR ISLAND, FL 33154 US

Name and Address of New Registered Agent:

GOLAN, EDI
1750
2207
SUNNY ISLES, FL 33160 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: GOLAN EDI 03/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MANOR, SHAHAR
Address: 1145 97 ST - APT 2
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

Title: MGR (X) Delete
Name: GOLAN, EDI
Address: 1145 97 ST - APT 2
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOLAN, EDI
Address: 17150 N BAY ROAD - APT 2207
City-St-Zip: SUNNY ISLES, FL 33160 US

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

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: GOLAN EDI MGR 03/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date