2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: BLEY, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 24, 2007 8:00 am DOCUMENT #L21961 **Secretary of State** 1. Entity Name 07-24-2007 90042 012 ***150.00 J. E. BLEY OVERSEAS TRADE OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 1351 NE MIAMI GARDENS DRIVE 1351 NE MIAMI GARDENS DRIVE N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179 Principal Place of Business - No P.O. Box # 42 PENKSYLVANIA AVE 2nd MOORE CR2E034 (4/07) 4. FEI Number 65-0166970 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLEY Eck-hard J. E. BLEY 1351 N.E. MIAMI GARDENS DRIVE PH1E NORTH MIAMI BEACH FL 33179 City MI.A111 BEACH 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. 7-15-07 FILE NOW!!! FEE IS \$550.00 \$.607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution Added to Fees did not receive prior notice. Fee to file is \$150 00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Delele Change Addition BLEY, J. E. STREET ADDRESS 1351 NE MIAM GRONS DR PH STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CHY ST ZP CITY - ST - ZIP 12. 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 for 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.

FILED