1 of 2

FILED

06 NOV 15 AM 10:55

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34332

1. Entity Name

MIAMI EXPORT AMEZQUITA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

DO NOT WRITE IN THIS SPACE 04-06

2. Principal Place of Business
308 S.W. 185TH Way
Suite, Apt. #, etc.
City & State
PEMBROKE PINES FL
Zip 33029 County USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
650163395
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HAYDEE FUENTES
Street Address (P.O. Box Number is Not Acceptable)
308 SW 185TH Way
City Pembroke Pines FL Zip Code 33029

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 my obligations of registered agent.

SIGNATURE: Haydee Fuentes
Signature of new registered agent and title if applicable
Registered Agent signature required when reinstating

600081911446
11/17/06--01053--013 **450.00
DATE

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAYDEE FUENTES
STREET ADDRESS	308 SW 185TH Way
CITY-ST-ZIP	Pembroke Pines FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. Each

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Haydee Fuentes
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

DATE

Capitol House #

B. Mitchell NOV 15 2006

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004-2006 or any other notice from the Division of Corporations in respect with the Corporation **MIAMI EXPORT AMEZQUITA CORP.**

Thank you for your courtesy in this matter.

Haydee Fuentes

HAYDEE FUENTES
PRESIDENTE