


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90280 038 \*\*\*150.00

<b>DOCUMENT # L61122</b> 1. Entity Name <b>AMERITRADE EXPORT, CORPORATION</b>																																																																										
Principal Place of Business <b>7210 SW 57TH AVE</b> <b>#203</b> <b>MIAMI, FL 33143 US</b>			Mailing Address <b>7210 SW 57TH AVE</b> <b>203</b> <b>MIAMI, FL 33143-5321 US</b>																																																																							
2. Principal Place of Business - No P.O. Box #  			3. Mailing Address  																																																																							
Suite, Apt. #, etc. <b>SUITE #206C</b>			Suite, Apt. #, etc. <b>SUITE #206C</b>																																																																							
City & State  			City & State  																																																																							
Zip  		Country  		4. FEI Number <b>65-0211237</b>																																																																						
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																						
6. Name and Address of Current Registered Agent <b>FERNANDEZ, ELOY</b> <b>782 NW LE JEUNE RD</b> <b>SUITE #643</b> <b>MIAMI, FL 33126</b>																																																																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																										
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																																																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																							
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td></td> <td><b>DP BENDIXEN, KLAUS</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5715 SUNSET DRIVE - APT. #5715</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>MIAMI, FL 33143</b></td> <td></td> </tr> <tr> <td></td> <td><b>DTS BENDIXEN, HANS H.</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>11427 SW 86TH LANE</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>MIAMI, FL 331734219</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	Delete		<b>DP BENDIXEN, KLAUS</b>	<input type="checkbox"/>	STREET ADDRESS	<b>5715 SUNSET DRIVE - APT. #5715</b>		CITY - ST - ZIP	<b>MIAMI, FL 33143</b>			<b>DTS BENDIXEN, HANS H.</b>	<input type="checkbox"/>	STREET ADDRESS	<b>11427 SW 86TH LANE</b>		CITY - ST - ZIP	<b>MIAMI, FL 331734219</b>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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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 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.																																																																										
<b>SIGNATURE:</b> <u>Klaus Bendixen</u> <b>4/15/07</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																										