2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # M11463

1. Entity Name PHILIPPINE EXIMPORTS CORPORATION

Principal Place of Business

3190 S. STATE RD. 7

BAY 7

MIRAMAR, FL 33023 US

Mailing Address

3190 S. STATE RD. 7

BAY 7

DO NOT WRITE IN THIS SPACE

MIRAMAR, FL 33023

No Chg-P

CR2E034 (10/03)

FILED

Jul 19, 2004 08:00 AM
- Secretary of State

4. FEI Number 59-2537669

07052004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

8. Name and Address of Current Registered Agent

BARCELONA, JOSE JR. 3190 S. STATE RD. 7, BAY #7

SIGNATURE:

DO NOT WRITE

MIRAMAR, FL 33023			IN THIS SPACE		
8. The above the obligation	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campaign Financ Trust Fund Contribution.	ing 🛚	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARCELONA, JOSE, JR. 9850 W. HEATHER LANE MIRAMAR, FL				UA0000167024 U7/19/04-80008-004 150.80
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BARCELONA, MARIELEN S. 9850 W. HEATHER LANE MIRAMAR, FL				-
TITLE NAME STREET ADDRESS CATY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CSTY-ST-ZIP		<u> </u>			
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 orporation of 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.					