2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 27, 2007 08:00 All Secretary of State DOCUMENT # M27277 1. Entity Name E & E INTERNATIONAL, INC. Principal Placo of Business Mailing Address MARTIN A DRUTZ, ACCOUNTANT 8966 SW 87 CT STE 12-A MIAMI FL 33176 201 SEVILLA AVE. SUITE 306 **CORAL GABLES FL 33134** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-2639847 Not Applicable Ζιρ Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DEL RIEGO, ERNESTO 1721 S.W. 97TH CT. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Fiorida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete 11111 Addition DEL RIEGO, ERNESTO NAME NAME 1721 S.W. 97TH CT. STREET ADDRESS STREET ADDRESS U00000736433 **MIAMI FL 33165** CHY-SI-7P 05/10/07-80074-017 150.00 CITY - ST - ZIP TSD HILE ☐ Delete Change ☐ Addition DEL RIEGO, ENIS G. NAME NAME 1721 S.W. 97TH CT. STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-S1-7IP CHY-ST-7IP HILE Dolete □ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP me Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP mor Detelo TIFLE Change __ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILL Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP CITY-ST-ZIP

12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-07

305-461-4318

Daylime Phone #