## 2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 15, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # M33661 03-15-2005 90036 049 \*\*\*150.00 C.M.C. IMPORT & EXPORT, INC. Principal Place of Business Mailing Address JVU266UZ 20 NW 124TH AVE. 780 NW 42 AVE MIAMI, FL 33182-1234 STE 422 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address 780 NW 42 Ave. Suite, Apt. #, etc Suite, Apt. #, etc. 02142005 Chg-P CR2E034 (10/03) 422 City & State City & State 4. FEI Number Applied For Miami 59-2685015 Not Applicable Zip 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 CONTRERAS, CARLOS H. Street Address (P.O. Box Number is Not Acceptable) 298 ST THOMAS AVE. KEY LARGO, FL 33037 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. 1 am familiar with, and accept the obligations of registered agent SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CONTRERAS, CARLOS H. NAME NAME STREET ADDRESS 298 ST. THOMAS AVE. STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE THUE ☐ Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TATLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$7-ZIP CITY-ST-ZIP TITLE → Delete 🕬 ☐ Change ☐ Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP The Art was the 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED