

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90138 044 \*\*\*150.00

<b>DOCUMENT # M52784</b> 1. Entity Name P.B. IMPORT & EXPORT, INC.			
Principal Place of Business <b>MIAMI INT'L MERCHANDISE MART</b> <del>9777 NW 72 AVENUE</del> <b>MIAMI, FL 33126</b> US		Mailing Address <del>3983 KUMQUAT AVENUE</del> <del>MIAMI, FL 33133-5611</del> US	
2. Principal Place of Business <b>777 NW 72 AVEN.</b> Suite, Apt. #, etc. <b>SHOW ROOM 1127</b>		3. Mailing Address <b>215 S.W. 42<sup>ND</sup> AVE.</b> Suite, Apt. #, etc. <b>APT 802</b>	
City & State <b>MIAMI FLORIDA</b>		City & State <b>CORAL GABLES FL.</b>	
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33134-1730</b>	Country <b>USA</b>
4. FEI Number <b>65-0311759</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VELASQUEZ, OLGA</b> <b>3983 KUMQUAT AVENUE</b> <b>MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name <b>VELASQUEZ, OLGA</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 S.W. 42<sup>ND</sup> AVE. APT 802</b>  City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134-1730</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PS</b> NAME <b>VELASQUEZ, OLGA</b> <input type="checkbox"/> Delete STREET ADDRESS <b>3983 KUMQUAT AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL 33133</b>	TITLE <b>PS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>VELASQUEZ, OLGA</b> STREET ADDRESS <b>215 S.W. 42<sup>ND</sup> AVE. APT. 802</b> CITY-ST-ZIP <b>CORAL GABLES, FL. 33134-1730</b>	TITLE <b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>VELASQUEZ, CLAUDIA</b> STREET ADDRESS <b>215 S.W. 42<sup>ND</sup> AVE. APT 802</b> CITY-ST-ZIP <b>CORAL GABLES, FL. 33134-1730</b>	
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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.			
SIGNATURE: <u>Olga Velasquez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>03/14/06</u> Daytime Phone # <u>305 2690056</u>	