

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # M52784	
1. Entity Name P.B. IMPORT & EXPORT, INC.	



Principal Place of Business 777 NW 72 AVENUE SHOW ROOM 1127 MIAMI, FL 33126 US	Mailing Address 215 SW 42ND AVE APT 8020 CORAL GABLES, FL 33134-1730 US
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03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0311759	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VELASQUEZ, OLGA 215 SW 42ND AVE APT 802 CORAL GABLES, FL 33134-1730

**DO NOT WRITE
IN THIS SPACE**

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: Olga L. Velasquez DATE: 3-22-07
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS VELASQUEZ, OLGA 215 SW 42 AVE., APT 802 CORAL GABLES, FL 331341730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VELASQUEZ, CLAUDIA 215 SW 42 AVE., APT 802 CORAL GABLES, FL 331341730
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05/08/07-80114-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Olga L. Velasquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07 (305) 4464129
Date Daytime Phone #