

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000003536

1. Entity Name
FLORIDA EXPORT FINANCE CORPORATION



Principal Place of Business
10400 NW 33RD STREET
SUITE 200
MIAMI, FL 33172-5902 US

Mailing Address
10400 NW 33RD STREET
SUITE 200
MIAMI, FL 33172-5902 US



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0427755

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FANCHER, JOHN STEPHEN
10400 NW 33RD STREET
SUITE 200
MIAMI, FL 33172-5902

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME FANCHER, J STEPHEN
STREET ADDRESS 10400 NW 33RD STREET SUITE 200
CITY - ST - ZIP MIAMI, FL 331725902

TITLE D
NAME MARTIN, GRAHAM
STREET ADDRESS 10400 NW 33RD STREET SUITE 200
CITY - ST - ZIP MIAMI, FL 331725902

TITLE D
NAME KOCOUREK, TODD G ESQ
STREET ADDRESS 10400 NW 33RD STREET SUITE 200
CITY - ST - ZIP MIAMI, FL 331725902

TITLE D
NAME TWEEDIE, ROBERT
STREET ADDRESS 10400 NW 33RD STREET SUITE 200
CITY - ST - ZIP MIAMI, FL 331725902

TITLE D
NAME FLORES, CINDY
STREET ADDRESS 10400 NW 33RD STREET SUITE 200
CITY - ST - ZIP MIAMI, FL 331725902

TITLE D
NAME PONTILLO, SALVATORE M
STREET ADDRESS 10400 NW 33RD STREET SUITE 200
CITY - ST - ZIP MIAMI, FL 331725902

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01/23/07-80025-002 61.25

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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 617, 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:

[Signature]

J.S. FANCHER

1/05/07

786 8450400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #