## 2008 FOR PROFIT CORPGRATION ANNUAL REPORT DOCUMENT # P0000000379 1. Entity Name URBINA IMPORT & EXPORT CORPORATION Principal Place of Business 19336 SW 65 ST 19326 CW 65 ST

FILED Apr 30, 2008 08:00 AN Secretary of State

## Principal Place of Business 19336 SW 65 ST 19336 SW 65 ST PEMBROKE PINES, FL 33332 PEMBROKE PINES, FL 33332 US 01092008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0970435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent URBINA, JORGE A DO NOT WRITE 19336 SW 65 ST PEMBROKE PINES, FL 33332 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 1 am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME URBINA, JORGE A STREET ADDRESS 19336 SW 65 ST CITY-ST-ZIP PEMBROKE PINES, FL 33332 TITLE URBINA, NELLY M NAME STREET ADDRESS 19336 SW 65 ST CITY-ST-ZIP PLANTATION, FL 33332 TITLE STREET ADDRESS DO NOT WRITE CITY+ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 frequency 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIMITED THAT HE SIGNING OFFICER OR DIRECTOR

04/28/08

(954) 680. FO49

Daytime Phone #