

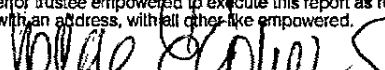


**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000022358</b> 1. Entity Name EXIMPORT INTERNATIONAL SALES, INC.				<b>FILED</b> <b>Jan 09, 2006 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business 8361 N.W. 74 ST UNIT B BLDG #2 MIAMI, FL 33166		Mailing Address 8361 N.W. 74 ST UNIT B BLDG #2 MIAMI, FL 33166			
<b>DO NOT WRITE IN THIS SPACE</b>				01052006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0983045	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GOMEZ, JORGE E 8361 N.W. 74 ST UNIT B BLDG #2 MIAMI, FL 33166				<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	D				
NAME	GOMEZ, JORGE E				
STREET ADDRESS	8361 N.W. 74 ST UNIT B-BLDG #2				
CITY-ST-ZIP	MIAMI, FL 33166				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 		AD 5-06 305-715-9405			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			