


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90050 016 ***150.00

DOCUMENT # P00000032074

1. Entity Name
 EXPORT PURCHASING, INC.



Principal Place of Business
 12462 SW 128 STREET
 3A
 MIAMI, FL 33186

Mailing Address
 12462 SW 128 STREET
 3A
 MIAMI, FL 33186

40050711



2. Principal Place of Business - No P.O. Box #
 13852 S.W. 93 LANE
 Suite, Apt. #, etc.

3. Mailing Address
 13852 S.W. 93 LANE
 Suite, Apt. #, etc.

03202008 Chg-P CR2E034 (12/06)

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number
 65-0999006

Applied For
 Not Applicable

Zip
 33186

Country
 MIAMI-DADE

Zip
 33186

Country
 MIAMI-DADE

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORIN, RICHARD E
 12462 SW 128 STREET-SUITE 3A
 MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 13852 S.W. 93 LANE

City
 MIAMI, FL

Zip Code
 33186

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: *Richard Morin* RICHARD MORIN DATE: 3-20-08

Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORIN, RICHARD 12462 SW 128 ST. #3A MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORIN, RICHARD 13852 S.W. 93 LANE MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard Morin* RICHARD MORIN DATE: 3-20-08 DAYTIME PHONE #: 305-385-5209

Signature and typed or printed name of signing officer or director