

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036034

Entity Name: QUALIFIED EXPORT, INC.

FILED  
May 05, 2006  
Secretary of State

**Current Principal Place of Business:**

6404 NW 186 ST  
STE 18  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

6404 NW 186 ST  
STE 18  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 65-1006239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORRAS, PEDRO  
141 NE 3RD AVE STE 404  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

PORRAS, PEDRO  
6404 NW 186 ST  
STE 18  
MIAMI, FL 33015 US

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.

SIGNATURE: PEDRO PORRAS      05/05/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PORRAS, PEDRO  
Address: 19366 BOB'O'LINK  
City-St-Zip: MIAMI, FL 33015

Title: VD ( ) Delete  
Name: PORRAS, PEDRO J  
Address: 19366 BOB-O-LINK DR.  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO PORRAS      PD      05/05/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date