FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90185 050 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036034

1. Entity Name
QUALIFIED EXPORT, INC.

DO NOT WRITE IN THIS SPACE

90089501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
141 NE 3rd. Ave	SAME
Suite, Apt. #, etc. 404	Suite, Apt. #, etc.
City & State Miami, Fl.	City & State
Zip 33132 Country	Zip Country

4. FEI Number 65-1006239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name PEDRO PORAAS
Street Address (P.O. Box Number is Not Acceptable) 141 NE 3rd. Ave
suite 404
City Miami FL Zip Code 33132

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 x Pedro Juan Porras 04-15-03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. PORRAS, PEDRO 141 NE 3RD AVE STE # 404 MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. PORRAS, PEDRO J. 141 NE 3RD AVE. STE #404 MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Pedro Juan Porras 04-15-03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #