

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90413 033 ***158.75

0324050 AV

DOCUMENT # P00000077457

1. Entity Name
ENSIGN EXPORT CORPORATION



Principal Place of Business

**8204 SW 81ST TER
MIAMI FL 33143**

Mailing Address

**PO BOX 430837
MIAMI FL 33243**

2. Principal Place of Business

521 SAN SERVANDO

3. Mailing Address

P.O. BOX 430837

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

MEADE, FL

4. FEI Number

22-3749361

Applied For

Not Applicable

Zip

33143

Country

MEADE-DADE

Zip

33243

Country

MEADE-DADE

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, ROBERT L
8204 SW 81ST TER
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

CLINT C. MOYLAN

Street Address (P.O. Box Number is Not Acceptable)

521 SAN SERVANDO

City

CORAL GABLES

City

CORAL GABLES FL

Zip Code

33143

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
**PS
PARKER, ROBERT L
PO BOX 430837
MIAMI FL 33243**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
CLINT C. MOYLAN
521 SAN SERVANDO
CORAL GABLES, FL 33143**



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/03

Daytime Phone #

CR2E034 (10/02)