2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 06, 2008 8:00 am Secretary of State DOCUMENT # P00000109092 1. Entity Name 05-06-2008 90030 020 ***150.00 G & P IMPORT AND EXPORT, INC. Principal Place of Business Mailing Address 5266 NW 117TH AVE 5266 NW 117TH AVE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-1061189 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOSCH, JAIRO Street Address (P.O. Box Number is Not Acceptable) 5440 N STATE ROAD (441) SUITE #5 FORT LAUDERDALE FL 33319 City Zip Code 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 "whe obligations of registered agent. SIGNATURE Signature, typed or physical name of registered quert until the 1 applicable. FILE NOW!!! PEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE Change Addition FUNCKE, JEANINE M Jeanine H. Funcke HAME NAME STREET ADDRESS 5266 NW 117TH AVE STREET ADDRESS 5266 NW 17th Ave CITY-ST-7/P CORAL SPRINGS FL 33076 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME ACOSTA, JORGE E NAME JORGE E ACOSTA 5266 NW 117th Ave STREET ADDRESS 5266 NW 117TH AVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33076 CITY-ST-ZIP DRAL SPRINGS FL 33076 TITLE ☐ Change Addition MARKE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ete THLE TIRE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIS CHY-SI-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 efficier 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.

CITY-ST-2IP

CITY-ST-ZIP

FILED