2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOGUMENT # P01000037287** Apr 28, 2006 08:00 AN Secretary of State 1. Entity Name EXIM LICENSING USA, INC. Mailing Address Principal Place of Business **601 BRICKELL KEY DRIVE** 601 Brickell key drive SUITE 700 SUITE 700 MIAMI, FL 33131 MIAMI, FL 33131 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0656708 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOFMAN, ELIAS DO NOT WRITE 601 BRICKELL KEY DRIVE SUITE 700 IN THIS SPACE MIAMI, FL 33131 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **DPTS** TITLE HOFMAN, ELIAS NAME 601 BRICKELL KEY DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME 05/10/06-80084-nos (5n.no STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 trusted 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 adults. With all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 305772-1750

Daytime Phone #