

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 25, 2005 8:00 am  
Secretary of State**

03-25-2005 90039 037 \*\*\*150.00

DOCUMENT # P01000041670		
1. Entity Name <b>A &amp; G IMPORT-EXPORT CORP.</b>		

Principal Place of Business <b>C/O J. GOMES 150 ALAINE STREET BRIDGEPORT, CT 06610</b>	Mailing Address <b>C/O J. GOMES 150 ALAINE STREET BRIDGEPORT, CT 06610</b>
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2. Principal Place of Business <b>40 J. GOMES, 150 ALPINE ST</b>	3. Mailing Address <b>40 J. GOMES, 150 ALPINE ST</b>
Suite, Apt. #, etc. <b>100</b>	Suite, Apt. #, etc. <b>100</b>

City & State <b>BRIDGEPORT, CT</b>	City & State <b>BRIDGEPORT, CT</b>
Zip <b>06610</b>	Country <b>USA</b>
Zip <b>06610</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent  <b>ALMAN, MARTIN H 17290 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33162</b>	Name  <b>ALMAN, MARTIN H</b>
	Street Address (P.O. Box Number is Not Acceptable)  <b>17290 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33162</b>
	City <b>FL</b>
	Zip Code <b>33162</b>

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.  <b>Martin H. Alman</b>
SIGNATURE  <b>Martin H. Alman</b>
Signature, type or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE <b>3/16/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD GOMES, JOAO 150 ALAINE STREET ALPINE ST. BRIDGEPORT, CT 06610</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD DE ANDRADE, BRAZ 150 ALAINE STREET ALPINE ST. BRIDGEPORT, CT 06610</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.			
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SIGNATURE  <b>Joao Gomes</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  <b>Joao Gomes</b>
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Daytime Phone #