2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P01000062305 1. Entity Name BODE EXPORT CORP								04-17-2006 90360 002 ***150.00				
Principal Place of Business Mailing Address									40000			
51 NW 29 S1 MIAMI, FL 3	29 ST. FL 33127			,		•						
2. Principal P	Place of Busin	ness	3. Mailin	3. Mailing Address								
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				04132006	Chg-P	CR2E	034 (11/05)	
City & State			City &	City & State			a==			oplied For of Applicable		
Zip	Country		Zip	Zip		ntry 5. Cert		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Cu	rrent Registered	Agent	-			7. Name and	Address of New	Registered	Agent	
HOGAN, KIMBERLY						Name Thodney Barreto						
51 NW 29 ST MIAMI, FL 33127						Street Address (P.O. Box Number is Not Acceptable)						
mp.wii, 1 E 00121						235 Catalonia Avenue						
						City C	val	C-ab	les	FL	Zip Cod	°31/
8. The above the obligat	named entit	submits this statem terepragent	nent for the purpos	se of changing its	registere	ed office or r	registere	ed agent, or bo	th, in the State of I	Florida, Larr	familiar with.	and accept
/	Mus	es A	LOCK							ulia	Inc.	ļ
SIGNATURE	gnature, typed	or printed name of registore	d agent and side sppic	able. (NOTE	E: Registered	d Agent signature	a required v	when reinstating)		DATE	100	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS	AND DIRECTOR	-	11.			ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE NAME	PSTD	O, RODNEY L		Delete	TITLE	1	cha	mge o	c addres	\$	Change	Addition
STREET ADDRESS CITY-ST-ZIP	9250 SOUTHWEST 104TH STREET MIAMI, FL 33176				STRE	ET ADDRESS -ST-ZIP	99	90 Su	Caddres 190 Aven 13317	nue		
TITLE	☐ Delete TITI						7.,,,	24111 11	1 2 1 7	<u>~</u>	☐ Change	☐ Addition
name Street address					NAME STREE	ET ADDRESS						
CITY-\$T-ZIP						ST-ZIP						
TITLE NAME	☐ Delete 111										☐ Change	☐ Addition
STREET ADDRESS					STRE	ET ADDRESS						
TITLE	ļ			☐ Delete	CITY-	-ST-ZIP					Channe	- Addition
NAME				L Delete	NAME						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						et address -St-Zip						
TITLE	-		·	☐ Delete	TITLE	-					Change	☐ Addition
NAME STREET ADDRESS					NAME	ET ADDRESS						
CITY-ST-ZIP			•			-ST-ZIP						
TITLE				□ Delejte	HILE						Change	☐ Addition
NAME STREET ADDRESS				1 \	NAMI STRE	et address						
CITY-ST-ZIP					CITY	ST-ZIP						
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 gir trustee emplowered to execute this tepport 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.												
of the co	rporation or t	ne receiver ør truster	a empowered to e	xecute this tepon	as requii	emptions co ture shall har red by Chap	entained ave the s oter 607,	in Chapter 11: ame legal effe Florida Statuti	9, Florida Statutes ct as if made unde es; and that my na	. I further ce er oath; that I me appears	rtify that the in am an officer in Block 10 o	nformation or director r Block 11 if