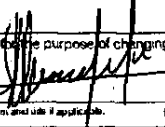
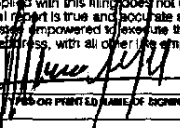


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90742 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088275			
1. Entity Name PLANET EXPORT, CORP.			
Principal Place of Business 600 NE 36 ST, STE 602 MIAMI, FL 33137		Mailing Address 600 NE 36 ST, STE 602 MIAMI, FL 33137	
2. Principal Place of Business 5450 NW 114th AV		3. Mailing Address	
Suite, Apt. #, etc. # 205		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33178	Country USA	Zip	Country
4. FEI Number 65-4137294		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CABRIZA, MARIO 600 NE 36 ST, STE 602 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name MARIO CABRIZA Street Address (P.O. Box Number is not Acceptable) 5450 NW 114th AV #205 City MIAMI FL Zip Code 33178	
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  DATE _____ Signature (print or print name of registered agent, and date if applicable) (NOTE: Registered Agent's signature required when submitting)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		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 persons empowered.			
SIGNATURE: 		4/28/03 305 477 4883	