## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2007 08:00 AM Secretary of State

| DOCUMENT # P0100093507  1. Entity Name R&L EXPORTING, INC.   |  |   |   | Secretary of Sta   |                   |                                 |   |
|--|--|---|---|--|-------------------|---------------------------------|---|
| Principal Place of Business 5591 NW 72ND AVE MIAMI, FL 33166   |  | Mailing Address<br>5591 NW 72ND AVE<br>\<br>MIAMI, FL 33166 |   | ]<br>  |                   |                                 |   |
|  | O NOT WRITE  | IN THIS SPA   | <b>~</b>  | 01092007   | No Chg-P          | CR2E034 (11                     | /05)  |
|  | O NOT WINITE   |   |   | 4. FEI Numbe<br>65-114<br>5. Certificate   |                   | □ \$8.7                         | Applied For Not Applicable  5 Additional        |
|  | 6. Name and Address of Current Re                                  | gistered Agent  |   | l  |                   |                                 | adriten   |
| MOSKOWITZ, HERMAN<br>3850 HOLLYWOOD BLVD<br>SUITE 204<br>HOLLYWOOD, FL 33021   |  |   |   |  | NOT W             |                                 |   |
| 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 Fiorida. I am familiar with, and accept the obligations of registered agent.  Signature. Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |   |   |  |                   |                                 |   |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution  |  |   |   | .00 May Be<br>ed to Fees   | 00000<br>02/08/07 | <del>0617995</del><br>-80011-01 | 5 150 <b>.00</b> —                              |
| 10.  | OFFICERS AND DI  |   |   |  | 200               | ,                               |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PSTD<br>CASTELLANOS, ROBERT<br>5591 NW 72ND AVE<br>MIAMI, FL 33166 |   |   | e de la companya de l |                   |                                 | A. T. S. C. |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP  |  |   | Production of the state of the |  |                   | A VE AND                        |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |   | DO   | NOT W             | RITE                            |   |
| TITLE NAME STREET ADDRESS  |  |   |   | IN 7   | THIS SP           | ACE                             |   |

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 type 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 employed 10 execute this report as fouried 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 employed.

SIGNATURE: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

SHATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

-30-0r

Daytime Phone #