2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000020289

Entity Name
EXPORT GUATEMALA CORP.

Principal Place of Business	Mailing Address
619 S.E. STREET LAKE WORTH, FL 33460	619 S.E. STREET LAKE WORTH, FL 33460

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0392843
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PABLO, MELINA
619 SOUTH EAST STREET
LAKE WORTH, FL 33460

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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: X _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000003998092
01/30/06-80082-002 150.00

OFFICERS AND DIRECTORS

P	PABLO, MELINA
ADDRESS	619 S.E. STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
V	PABLO, JOSE
ADDRESS	619 S.E. STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
SD	MATIAS, MATIAS JOSE
ADDRESS	619 S.E. STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
OD	PABLO, CARLOS
ADDRESS	619 S.E. STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
OD	PABLO, HUMBERTO
ADDRESS	619 S.E. STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
OD	PABLO, PEDRO L
ADDRESS	757 NORTH MAIN ST.
CITY-ST-ZIP	CORNELIA, GA 30531

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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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #