

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000020289**

1. Entity Name

EXPORT GUATEMALA CORP.



Principal Place of Business

619 S.E. STREET  
LAKE WORTH FL 33460

Mailing Address

619 S.E. STREET  
LAKE WORTH FL 33460



1st MOORE

CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0392843

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PABLO, MELINA  
619 SOUTH EAST STREET  
LAKE WORTH FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 ☐ Delete

NAME PABLO, MELINA  
STREET ADDRESS 619 S.E. STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete

NAME PABLO, JOSE  
STREET ADDRESS 619 S.E. STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete

NAME MATIAS, MATIAS JOSE  
STREET ADDRESS 619 S.E. STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete

NAME PABLO, CARLOS  
STREET ADDRESS 619 S.E. STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete

NAME PABLO, HUMBERTO  
STREET ADDRESS 619 S.E. STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete

NAME PABLO, PEDRO L  
STREET ADDRESS 757 NORTH MAIN ST.  
CITY-ST-ZIP CORNELIA GA 30531

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000850804  
03/25/08-80013-012 150.00

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Melina Pablo* 3/03/08 561-313-3824