


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90043 030 ***150.00

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| DOCUMENT # P02000030072 | |  | |
| 1. Entity Name TYC EXPORT, INC. | | | |
| Principal Place of Business 4540 NW 79 AVENUE 1B MIAMI, FL 33166 | | Mailing Address 4540 NW 79 AVENUE 1B MIAMI, FL 33166 | |
| 2. Principal Place of Business 4170 N.W. 79 AVENUE Suite, Apt. #, etc. 1-0 | | 3. Mailing Address 4170 N.W. 79 AVENUE Suite, Apt. #, etc. 1-0 | |
| City & State MIAMI, FL | | City & State DORAL, FLORIDA | |
| Zip 33166 | Country U.S.A. | Zip 33166 | Country U.S.A. |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| TOVAR, MARIA P 4540 NW 79 AVENUE #1B MIAMI, FL 33166 | | Name MARIA P. TOVAR Street Address (P.O. Box Number is Not Acceptable) 4170 N.W. 79th AVENUE # 1-0 City DORAL FL Zip Code 33166 | |
| B. 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: <i>[Signature]</i> | | SIGNATURE: MARIA P. TOVAR DATE: FEB. 21, 2005 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P TOVAR, MARIA P 470 SW 92 PASSAGE MIAMI, FL 33174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT & DIRECTOR TOVAR, MARIA P. 4170 N.W. 79th AVENUE, # 1-0 DORAL, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONDORI, JORGE W 4540 NW 79 AVE APT 1B MAIMI, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOUAR, FREDY A 4540 NW 79 AVE APT 1B MAIMI, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 like empowered. | | | |
| SIGNATURE: <i>[Signature]</i> | | SIGNATURE: MARIA P. TOVAR DATE: FEB. 21, 2005 Daytime Phone #: 305-591-3827 | |

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02212005 Chg-P CR2E034 (10/03)

4. FEI Number 33-0997402 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required