


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

05-03-2004 90496 001 *****5.00
 05-03-2004 90496 002 ***150.00
 05-03-2004 90496 003 *****8.75

DOCUMENT # P02000067409
 1. Entity Name
THE BUSINESS EXPORT INC.



Principal Place of Business
 3100 NE 48 CT
 LIGHTHOUSE POINT, FL 33064

Mailing Address
 3100 NE 48 CT
 LIGHTHOUSE POINT, FL 33064

66427197



2. Principal Place of Business
5801 CAMINO DEL SOL
 Suite, Apt. #, etc.
106

3. Mailing Address
5801 CAMINO DEL SOL
 Suite, Apt. #, etc.
106

04302004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33433

Country
USA

4. FEI Number
33-1016601

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PENAGOS, VICTOR M
3100 NE 48 CT
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
 Name **VICTOR PENAGOS**
 Street Address (P.O. Box Number is Not Acceptable) **5801 CAMINO DEL SOL APT 106**
 City **BOCA RATON** FL Zip Code **33433**

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 *Victor Penagos* **VICTOR PENAGOS** DATE **04-30-04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENAGOS, VICTOR M 3100 NE 48 CT LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORZO, MARIA 3100 NE 48 CT LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Victor Penagos* **VICTOR PENAGOS** DATE **04-30-04**

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