FILED 2007 FOR PROFIT CORPORATION Apr 16, 2007 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P02000093179** 1. Entity Name J & G EXPORT.CORP Principal Place of Business Mailing Address 10873 NW 7TH ST. 10873 NW 7TH ST. APT. 21 APT, 21 MIAMI, FL 33172 MIAMI, FL 33172 CR2E034 (11/05) 02012007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0796032 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONILL, GILBERTO DO NOT WRITE 10873 N.W. 7 ST., APT. 21 MIAMI, FL 33172 IN THIS SPACE 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. TITLE NAME MARINTEZ, JESUS 10825 NW 7TH ST APT, 21 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE CONILL, GILBERTO NAME STREET ADDRESS 9440 FONTAINEBLEAU BLVD, APT, 305 CITY-51-7P MIAMI, FL 33172 And Marketin to the TITLE NAME STREET ADDRESS DO:NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #