

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000115229</b>		
1. Entity Name OOPS IMPORT & EXPORT, INC.		
Principal Place of Business 8424 N.W. 56TH STREET LOG SAL 4311 MIAMI, FL 33166		Mailing Address 8424 N.W. 56TH STREET LOG SAL 4311 MIAMI, FL 33166
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04272006 No Chg-P CR2E034 (11/05)
4. FEI Number 13-4224623		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  ZACARIAS, JACOBO S 8424 N.W. 56TH STREET LOG SAL 4311 MIAMI, FL 33166		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE	PD	
NAME	ZACARIAS, JACOBO S	
STREET ADDRESS	8424 NW 56TH STREET SAL LOG 4311	
CITY - ST - ZIP	MIAMI, FL 33166	
TITLE		
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 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: <u>Jacobo Zacarias</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/26/2006
		Daytime Phone # 305-448-1648