## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jul 19, 2007 08:00 AM Secretary of State

| 1. Entity Nan<br>OASYS E   | MENT # P020001169 ne EXPORT & IMPORT, INC.  | Mailing Address                      |   |  | Se   | cretary of Stat   |  |
|--|---|--------------------------------------|---|--|--|---|--|
| 2334 WESTO<br>WESTON, FL   | ON RD.  | 2334 WESTON RD.<br>WESTON, FL 33326  | <del>-</del>  |  |  |   |  |
| 2  | OO NOT WRITE  | CE                                   | 07132007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For 56-2301243 Not Applied ble |  |  |   |  |
| · · · · · · · · · · · · · · · · · · ·  |   |                                      | 3   |  | of Status Desired  | Not Applicable  \$8.75 Additional Fee Required  |  |
| ROMANO<br>2334 WES<br>WESTON,  |   | DO NOT WRITE<br>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 proted name of registered agent and tale? applicable (NOTE Registered Agent signature registered when reinstating)  DATE |   |                                      |   |  |  |   |  |
| FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finan Trust Fund Contribution.  |   |                                      |   | 5.00 May Be<br>Ided to Fees                                  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |  |
| 10.  IITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  IITLE  | PS ROMANO, DIEGO JUAN 2334 WESTON RD. WESTON, FL 33326  | RECTORS                              |   |  | U000007  | °69511<br>30004-002 150.00  |  |
| NAME<br>STREET ADDRESS<br>CIFY-ST-ZIP  |   | <del>,</del>                         |   |  | 01/13/01 (   | 130,,QU   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                                      |   | DO   | NOT W  | RITE  |  |
| HILE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP   |   |                                      |   | IN .   | THIS SPA   | ACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                                      |   |  |  | <del></del> 1   |  |
| TITLE NAME STREET ADDRESS CITY-ST ZIP  | _   |                                      |   |  |  |   |  |
| of the cor   | certify that the information supplied with this<br>on this report or supplemental report is tru<br>poration or the receiver or trustee empower<br>or on an attachment with an address, with | ered to execute this report as recul | emptions confaine<br>ture shall have the<br>red by Chapter 60                           | nd in Chapter 119<br>same legal effec<br>17, Florida Statute | 3, Florida Statutes. I fu<br>ti as if made under oat<br>st and that my name a                | orther certify that the information<br>th, that I am an officer or director<br>appears in Block 10 or Block 13 if |  |