2 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000130730 1. Entity Name PILOT EXPORT, INC.								O4 MAY 12 PM 1:19				
Principal Place of Business 340 S.W. 78TH AVE. MIAMI, FL 33144 MIAMI, FL 33144 MIAMI, FL 33144 MIAMI, FL 33144						L		II 88114 (1811 8611) 8811 8811	 		738 1 11 (P3 1	
2. Principal Pl	ace of Busin	ness	3.	3. Mailing Address			9					
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03132004	Chg-P	CR2E03	4 (10/03)		
City & State				City & State			4. FEI Numb	588841	,		plied For t Applicable	
Z <u>i</u> o		Country		Zip	Cour	ntry	5. Certificate	e of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent BRIGIDO, JOSE L 340 S.W. 78TH AVE. MIAMI, FL 33144						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)						
	4					City			FL	Zip Code	•	
S:GNATURE_ FILI After Ma	Signature, typed E NOWIII By 1, 200	FEE IS \$15 4 Fee will b	e \$550.00	9. Election Campa Trust Fund Con	aign Fina tribution.		55.00 May Be Added to Fees		DATE			
TITLE	P . +4	- OFFI	CERS AND DIREC	Delete	. , , 11. Titl		ADDITIONS	/CHANGES TO OFF		DIRECTORS ☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BRIGIDO 340 S.W. MIAMI, FI	78TH AVE.				ME EET ADDRESS 7- ST- ZIP	05/2	00037 1/04-0109	0048 1021	356 **300	0.00	
THILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete ·		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete .						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		□ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			`	☐ Delete	CIT	ME . Leet address Y-st-zip		, y to		☐ Change	Addition	
		ne information so ort or supplement the receiver or to tachment with a	upplied with this f tal report is true rustee empowere n address, with a	iling does not qualify f and accurate and that d to execute this repoi Il other like empowere		emption stated in ature shall have to ired by Chapter () SE (,,)		(ii), Florida Statutes. (ict as if made under of lest and that my name of the control of the con		Α	offormation or director Block 11 if	
SIGNAT	UKE:	SIGNATURE AN	O TYPED OR PRINTER	NAME OF SIGNING OFFICE				Date		ytime Phone #	<u>-17</u> 9	