

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

06-03-2005 90002 050 \*\*\*150.00

DOCUMENT # **PO 30000 9912**  
1. Entity Name  
**MAN Vm USA Export VEXF**

**DO NOT WRITE IN THIS SPACE**

**50053251**

2. Principal Place of Business <b>G.C.</b>		3. Mailing Address <b>1530 MADRUGA AV</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 409.</b>	
City & State <b>C.G. FL</b>		City & State <b>C.G. FL</b>	
Zip <b>33146</b>	Country	Zip <b>33146</b>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>57-1149931</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>LUIS AZUAGA</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>10985 SW 107 ST Apt 217</b>	
	City <b>MIAMI, FL</b>	Zip Code <b>33176</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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>Azuaga Luis, President 10985 SW 107 ST # 217 MIAMI FL 33176</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **03-31-05** Daytime Phone # **305-665-3712**

CR2E034B (12/01)