

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90179 013 \*\*\*150.00

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<b>DOCUMENT # P03000015437</b> 1. Entity Name DUARQUINT EXPORT CORP.			
Principal Place of Business 17905 SW 1ST STREET PEMBROKE PINES, FL 33029		Mailing Address 17905 SW 1ST STREET PEMBROKE PINES, FL 33029	
2. Principal Place of Business - No P.O. Box # <b>18151 SW 33 STREET</b>		3. Mailing Address <b>18151 SW 33 STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIRAMAR, FL</b>		City & State <b>MIRAMAR, FL</b>	
Zip <b>33029</b>		Zip <b>33029</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1180125</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GONZALEZ, FANNY 17905 SW 1ST STREET PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> DUARTE QUINTERO, MIGUEL A 17905 SW 1ST STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> DUARTE QUINTERO, AURISLY CALLE 45 #14-46 SANTE FE DE BOGOTA, COLOMBIA,	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> DUARTE, MIGUEL A CALLE 45 #14-46 SANTE FE DE BOGOTA, COLOMBIA,	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> GONZALEZ, FANNY G 17905 SW 1ST STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
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.			
<b>SIGNATURE:</b>		<b>04/15/07</b> Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			