## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000015437

Entity Name: DUARQUINT EXPORT CORP.

FILED Mar 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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18151 SW 33 ST MIRAMAR, FL 33029

Current Mailing Address: New Mailing Address:

18151 SW 33 ST MIRAMAR, FL 33029

FEI Number: 65-1180125 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GONZALEZ, FANNY
17905 SW 1ST STREET
PEMBROKE PINES, FL 33029 US
GONZALEZ, FANNY
18151 SW 33 STREET
MIRAMAR, FL 33029 US

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: FANNY GONZALEZ 03/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title: ( ) Delete Title: DUARTE QUINTERO, MIGUEL A DUARTE QUINTERO, MIGUEL A Name: Name: 17905 SW 1ST STREET 18151 SW 33 STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: MIRAMAR, FL 33029

 $\label{eq:title:Title:V} {\sf Title:} \qquad \qquad {\sf Title:} \qquad \qquad {\sf (\ )\ Change\ (\ )\ Addition}$ 

 Name:
 DUARTE QUINTERO, AURISL Y
 Name:

 Address:
 CALLE 45 #14-46
 Address:

 City-St-Zip:
 SANTE FE DE BOGOTA, COLOMBIA,
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DUARTE, MIGUEL A
 Name:

 Address:
 CALLE 45 #14-46
 Address:

 City-St-Zip:
 SANTE FE DE BOGOTA, COLOMBIA,
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 GONZALEZ, FÁNNY G
 Name:
 GONZALEZ, FÁNNY G

 Address:
 17905 SW 1ST STREET
 Address:
 18151 SW 33 STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL DUARTE P 03/21/2009