


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

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| DOCUMENT # P03000030371 |  |
| 1. Entity Name PROFESSIONAL EXPORTERS INCORPORATED | |

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| Principal Place of Business 3900 W. COMMERCIAL BLVD. #101 FORT LAUDERDALE, FL 33309 US | Mailing Address 3900 W. COMMERCIAL BLVD. #101 FORT LAUDERDALE, FL 33309 US |
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DO NOT WRITE IN THIS SPACE



04212007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 75-3107446 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**PEDRO, CHESTER A
4119 NORTH STATE ROAD 7
#8999
LAUDERDALE LAKES, FL 33319**

DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PEDRO, SYDEA M 7517 NW 33RD STREET LAUDERHILL, FL 33319 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEDRO, CHESTER A 7755 YARDLEY DRIVE TAMARAC, FL 33321 |
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05/14/07-80053-024 150.00

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.

SIGNATURE:  **4/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #