

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90187 043 ***150.00

DOCUMENT # P03000052106

1. Entity Name
EXPORT FINANCE SOLUTIONS, INC.



Principal Place of Business
14291 NW 23RD ST
PEMBROKE PINES, FL 33028

Mailing Address
14291 NW 23RD ST
PEMBROKE PINES, FL 33028

2. Principal Place of Business - No P.O. Box #
9132 SOUTHERN ORCHARD RD. N.

3. Mailing Address
9132 SOUTHERN ORCHARD RD. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State
DAVIE, FL

Zip
33328

Country
USA

Zip
33328

Country
USA

01192007 Chg-P CR2E034 (12/06)

4. FEI Number
74-3090510

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLTZ, LEON
14291 NW 23RD ST
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

9132 SOUTHERN ORCHARD RD. N.

City
DAVIE

FL

Zip Code
33328

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 LEON HOLTZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLTZ, LEON
14291 NW 23RD ST
PEMBROKE PINES, FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLTZ, JAMIE
14291 NW 23RD ST
PEMBROKE PINES, FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9132 SOUTHERN ORCHARD RD. N.
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9132 SOUTHERN ORCHARD RD. N.
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: LEON HOLTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEON HOLTZ ✓ 4/20/2007 954 423-9511

Date

Daytime Phone #