FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

FOOLUSTIE	(UDN)	FILED		
DOCUMENT # P03000068754 1. Entity Name				
TURBO DYNAMICS EXPORT CORP		04 MAY -3 PH 3: 34		
		SECRETARI OF STATE TALLAHASSEE, FLORIDA		
		TALLAHASSELLI	. College	
DO NOT WRITE IN THIS SP	ACE			
2. Principal Place of Business 10181 NW 58TH ST.#4-B 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State City & State		4. FEI Number	Applied For	
MIAMI FL		20-0427042	Not Applicable	
33178 Country Zip	Country	5. Certificate of Status Desired	8.75 Additional ee Required	
	Name	7. Name and Address of Current Registered A	Agent	
DO NOT WRITE	Street Address	Victor M. Uriarte Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE	On Chr. Address	10181 NW 58TH ST #4-1	3	
IN THIS SPACE				
	City MIA	MI FL	Zip Code 33178	
8. The above named entity submits this statement for the purpose of changing its r	registered office or regist	ered agent, or both, in the State of Florida.		
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE		
Toy files as a second electe to do so	ay 1 Fee is \$150.00 1, Fee is \$550.00	10. Election Campaign Financip	\$5.00 May Be	
Amended	UBR is \$61.25 le to Department of S	Trust Fund Contribution.	Added to Fees	
OFFICERS AND DIRECTORS				
NAME WICTOR M	TITLE NAME	ennn9585134	16	
STREET ADDRESS 10181 NW 58TH ST #4-B	STREET ADDRESS	60003585134 05/11/0401021022 *	*150.00	
CHY-SI-ZIP Miami Fl 33178	CITY-ST-ZIP		91 *150.00 CR2E034B (12/01)	
TITLE NAME	TITLE : NAME		## ## ## ## ## ## ## ## ## ## ## ## ##	
STREET ADDRESS	STREET ADDRESS			
CITY-ST-ZIP	CITY-ST-ZIP		* * * * * * * * * * * * * * * * * * *	
NAME :	NAME			
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TITLE	TITLE	IN THIS SPAC	F	
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CITY-ST-ZIP	CITY-ST-ZIP			
TITLE NAME	TITLE NAME	" .		
STREET ADDRESS	STREET ADDRESS	•		
13. I hereby certify that the information sumplied with this filling does not qualify for	the exemption stated in	Section 119 07(3Vi) Florida Statulas I further cart	fy that the information	
indicated on this report or supplemental report is title and accurate and that me of the corporation or the receives or trustee empowered to execute this report	ny signature shall have the t as required by Chapter	ie same legal effect as if made under oath; that I are 607, Florida Statutes; and that my name appears	n an officer or director in Block 11 or on an	
attachment with an address, with all other the phipowered.	, , ,	, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING	OR DIRECTOR	4-29-04 Dale Da	ylime Phona #	