

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103363

Entity Name: FEMEXPORT, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

200 LESLIE DRIVE
#208
HALLANDALE, FL 33009

Current Mailing Address:

200 LESLIE DRIVE
#208
HALLANDALE, FL 33009

New Principal Place of Business:

7500 NW 30TH PLACE
#402
SUNRISE, FL 33313

New Mailing Address:

7500 NW 30TH PLACE
#402
SUNRISE, FL 33313

FEI Number: 73-1680923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURCIA, FERNANDO
200 LESLIE DRIVE
#208
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

HERRERA, THOMAS R
1250 E HALLANDALE BEACH BLVD
#1004
HALLANDALE, FL 33009 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: THOMAS R HERRERA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURCIA, FERNANDO
Address: 200 LESLIE DRIVE #208
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MURCIA, FERNANDO
Address: 7500 NW 30TH PLACE #402
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FERNANDO MURCIA

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date