

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90058 030 ***150.00

DOCUMENT # P04000050893	
1. Entity Name ANVEX EXPORT, INC.	

Principal Place of Business ONE BISCAYNE TOWER SUITE 2670 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33172	Mailing Address ONE BISCAYNE TOWER SUITE 2670 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33172
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03102005 Chg-P CR2E034 (10/03)

4. FEI Number 200913191	☒ Applied For ☐ Not Applicable
-----------------------------------	--

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACDAMOE, KPJM ONE BISCAYNE TOWER SUITE 2670 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33172	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

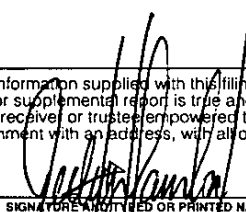
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
NAME	GAMBOA, PEDRO	NAME	
STREET ADDRESS	ONE BISCAYNE TOWER SUITE 2670	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDRADE, MARIA H	NAME	
STREET ADDRESS	ONE BISCAYNE TOWER SUITE 2670	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GAMBOA, ANA	NAME	
STREET ADDRESS	ONE BISCAYNE TOWER SUITE 2670	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	March 10, 2005 786 253 0514 Date Daytime Phone #
--	--