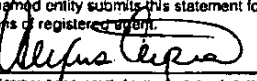
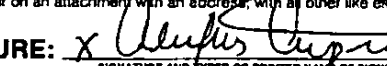


FILED
May 31, 2005 8:00 am
Secretary of State

66020239

DOCUMENT # P04000051276				05-03-2005 90084 006 ***150.00	
1. Entity Name LAKEC EXPORT INC					
Principal Place of Business 7925 NW 12 STREET STE 407 MIAMI, FL 33126		Mailing Address 7925 NW 12 STREET STE 407 MIAMI, FL 33126		66020239	
2. Principal Place of Business 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126		3. Mailing Address 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126		4. FEI Number 04062005 Chg-P CR2E034 (10/03) Applied For APPLIED FOR Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CRUZ, EDUARDO 7925 NW 12 STREET STE 407 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name EDUARDO CRUZ Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12TH STREET SUITE 400 City DORAL FL Zip Code 33126	
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 reappointing) 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 STREET ADDRESS CITY - ST - ZIP PST CRUZ, EDUARDO 7925 NW 12 STREET, SUITE 407 MIAMI, FL 33126 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP PST EDUARDO CRUZ 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP TAPIA, ALEXIS 7925 NW 12 STREET, SUITE 407 MIAMI, FL 33126 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP VP ALEXIS TAPIA 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			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 exemption stated in Section 119.07(3)(f), 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 DATE Daytime Phone #					