

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000089437

Entity Name: EXPORTSUPERSTORE.COM, INC.

**FILED**  
**Nov 09, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

2760 W 84TH STREET  
#2  
HIALEAH, FL 33016

## **Current Mailing Address:**

18331 PALM BLVD  
PEMBROKE PINES, FL 33029

## **New Principal Place of Business:**

13700 SW 14 STREET  
APT D-110  
PEMBROKE PINES, FL 33027

## **New Mailing Address:**

13700 SW 14 STREET  
APT D-110  
PEMBROKE PINES, FL 33027

FEI Number: 51-0511396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

TAX DEFENSE CENTER, INC  
2350 W 84TH STREET  
#18  
HIALEAH, FL 33016 US

## **Name and Address of New Registered Agent:**

URUGUAY DE LEON  
13700 SW 14 STREET  
APT D-110  
PEMBROKE PINES, FL 33027 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: URUGUAY DE LEON

11/09/2007

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIR OSORIO, LUIS A  
Address: 2760 W 84TH STREET  
City-St-Zip: HIALEAH, FL 33016

Title: SEC ( ) Delete  
Name: SORIANO, GEORGINA  
Address: 18331 PALM AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DE LEON, ROBERT  
Address: 13700 SW 14 STREET, APT D-110  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VD (X) Change ( ) Addition  
Name: DE LEON, URUGUAY  
Address: 13700 SW 14 STREET, APT D-110  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD ( ) Change (X) Addition  
Name: DE LEON, YOLANDA  
Address: 13700 SW 14 STREET, APT D-110  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: URUGUAY DE LEON

VD

11/09/2007

Electronic Signature of Signing Officer or Director

Date