## FILED **2008 FOR PROFIT CORPORATION** Mar 10, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P04000114973 ENGINE AND MACHINERY EXPORT CORPORATION Principal Place of Business Mailing Address 13873SW 63ST 13873SW 63ST MIAMI, FL 33183 MIAMI, FL 33183 02202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1458780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OCHOA, CARLOS A DO NOT WRITE 13873SW 63ST MIAMI, FL 33183 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. -Added to Fees 10. OFFICERS AND DIRECTORS 1000000852494; DITLE OCHOA, CARLOS A NAME STREET ADDRESS 13873SW 63ST 03/26/08-80031-019 lso.oo CITY-ST-ZIP MIAMI, FL 33183 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the persever 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:

NAME STREET ADDRESS

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR