2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P04000146766 04-27-2005 90322 030 ***150.00 CEVIMORE IMPORT EXPORT INC. Principal Place of Business Mailing Address 12424 NW 11 LANE 12424 NW 11 LANE MIAML FL 33182 MIAMI, FL 33182 2. Principal Place of Business 3. Mailing Address LANE 15454 NM 1 Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number MIAMI X Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ILIA M. MORENO MORENO, LILIA M Street Address (P.O. Box Number is Not Acceptable) 12424 NW 11 LANE MIAMI, FL 33182 12424 NW 11 LANE City MIAMI Zip Code 33 182 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. agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVPS** TITLE ☐ Delete TILE Change Addition MORENO, LILIA M NAME NAME STREET ADDRESS 12424 NW 11 LANE STREET ADORESS MIAMI, FL 33182 CITY-ST-7P CITY-ST-7/P ☐_Delete ☐ Change Addition DTLE TITLE 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-7/P TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TTTLE ☐ Detete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 SIGNATURE:

FILED