2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 08:00 AM Secretary of State **DOCUMENT # P05000022619** LA PRINCESA IMPORT/EXPORT, INC. Principal Place of Business Mailing Address 1225 EAST LAS OLAS BLVD 4451 NW 25TH WAY FORT LAUDERDALE, FL 33301 BOCA RATON, FL 33434 CR2E034 (11/05) 03052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1111415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent JAWHARI, FADI A SR. DO NOT WRITE 4451 NW 25TH WAY BOCA RATON, FL 33434 IN THIS SPACE 8. The above named entity subgrits this stagement 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 registe agent SIGNATURE 2 ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME JAWHARI, FADI A SR. STREET ADDRESS 4451 NW 25TH WAY CITY-ST-ZIP BOCA RATON, FL 33434 NAME STREET ADDRESS U00000760779 05/25/07-80029-008 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 receiver or trustee emps@ered 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: 5 HOULD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS

Daytime Phone #