SIGNATURE:

FILED 9, 2008 08:00 AM cretary of State

Applied For Not Applicable

\$8.75 Additional Fee Required

2008 FOR PR ANN		19, 2008		
DOCUMENT # P05000052165			,	Secretary
1. Entity Name BAMBINO EXPORT, INC.				
Principal Place of Business	Mailing Address			
3610 YACHT CLUB DRIVE #1116	3610 YACHT CLUB DRIVE			
AVENTURA, FL 33180	#1116 Aventura, Fl. 33180			
DO NOT WE	RITE IN THIS SPA	ČE SA	02122008 No Chg-P	CR2E034 (11/05)
DO NOT WE	KIIE IN IMIS SPA		4. FEI Number 20-2636196	A _I
•			5. Certificate of Status Desired	\$8.75 Add Fee Require
6. Name and Address o	f Current Registered Agent		ر الدوليون المعلى المرافق المواجعة المواجعة المواجعة المواجعة المواجعة المواجعة المواجعة المواجعة المواجعة الم	<u> </u>
JACQUELINE A. SALCINES, P.A 7711 SOUTHWEST 62ND AVEN SUITE 201			DO NOT WI	

DO	NOT	WR	ITE
Marie Con			* }* .
IN T	THIS	SPA	CE

2-12-08 Date

Daylime Phone #

SOUTH M	IAMI, FL 33143	`	N N N N N N N N N N	THIS SPACE
	named entity submits this statement for the piions of registered agent.	ourpose of changing its register	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and bile	ıl applicable (NOTE: Registere	d Agent signature required whon reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees	U00000832657 02/27/08-80060-022 150.00
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D DE GENNA, LUCIA 3610 YACHT CLUB DRIVE #1116 AVENTURA., FL 33180			M v d
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE GENNA, MARIO 3610 YACHT CLUB DRIVE #1116 AVENTURA, FL 33180			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN:	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated of the correctanged,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the received or trustee empowered , or on an attachment with an address, with al	iling does not qualify for the ex and accurate and that my signa d to execute this report as requi I other like empowered.	emptions contained in Chapter 115 ture shall have the same legal effected by Chapter 607, Florida Statute	b) Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR