

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082635

Entity Name: HEALTH EXPORT, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

203 LAKE POINT DR #205
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

107 ROYAL PARK
1G
OAKLAND, FL 33309 US

Current Mailing Address:

203 LAKE POINT DR #205
FORT LAUDERDALE, FL 33309

New Mailing Address:

9010 SW 137 AVE
113
MIAMI, FL 33186 US

FEI Number: 76-0793625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALARZA, LUPE
203 LAKE POINT DR #205
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

GALARZA, LUPE
107 ROYAL PARK
1G
OAKLAND, FL 33309 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:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GALARZA, LUPE
Address: 203 LAKE POINT DR #205
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DS (X) Delete
Name: MORENOA, EDUARDO
Address: 203 LAKE POINT DR #205
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GALARZA, LUPE
Address: 107 ROYAL PARK
City-St-Zip: OAKLAND, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GERMAN PENA

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date