

FILED
Apr 17, 2007 8:00 am
Secretary of State

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03-22-2007 90005 025 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000078499					
1. Entity Name CLAUDIA EXPORT & IMPORT, INC					
Principal Place of Business 5126 SW 165 AVE MIAMI, FL 33185			Mailing Address 5126 SW 165 AVE MIAMI, FL 33185		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number EIN 20-5004695				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE ARMAS, CLAUDIA 5126 SW 165 AVE MIAMI, FL 33185			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DE ARMAS, CLAUDIA		NAME		
STREET ADDRESS	5126 SW 165 AVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33185		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DE ARMAS, GUSTAVO		NAME		
STREET ADDRESS	5126 SW 165 AVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33185		CITY- ST- ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MOLA, CONCEPCION DE A		NAME		
STREET ADDRESS	MISIONES 215 APT. 1-G		STREET ADDRESS		
CITY- ST- ZIP	NEUQUEN, ARGENTINA,		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 this 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 as changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Claudia De Armas</u>			3/18/07		305-221-7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #