## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P07000090427** 07-31-2008 90060 001 \*\*\*100.00 07-31-2008 90060 002 \*\*\*\*50.00 M & C IMPORT-EXPORT SERVICE, INC. Principal Place of Business Mailing Address 66015701 7701 SW 136TH AVENUE 7701 SW 136TH AVENUE MIAMI, FL 33183-3210 MIAMI, FL 33183-3210 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07282008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 5000 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIBBS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7701 SW 136TH AVENUE MIAMI, FL 33183-3210 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Change ☐ Addition TITI F ☐ Delete GIBBS, MICHAEL NAME NAME 7701 SW 138 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331833210 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition GIBBS, MICHAEL J NAME NAME STREET ADDRESS 7701 SW 136 AVE STREET ADDRESS MIAMI, FL 331833210 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ■ Addition GIBBS, COLETTE NAME NAME 7701 SW 136 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331833210 CITY-ST-70 ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Crty-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE 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 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 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, with all other like empowered.

FILED Jul 31, 2008 8:00 am