FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT# POGOGOOUS337 FILED BAPELL IMPORT EXPORT INC. 11 MAY 20 AM 9: 18 SECRETARY OF STATE FALLARASSES, FLORING DO NOT WRITE IN THIS SPACE 2. Principal Place of Business - No P.O. Box # CR2E034B (1/11) Suite, Apt. #, etc. Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional Country 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE tered agent, or both, in the State of Florida. I am familia 8. The above named entity submits this statement for the purpose of changing its registered office or re the obligations of registered agent. SIGNATURE January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing ___ \$5.00 May Be After May 1; Fee is \$550.00 Amended AR is \$61.25 6 Trust Fund Contribution. Added to Fees E-mail address to be used for future annual report notices Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE NAME STREET ADDRESS 800207258518 05/20/11=01045+009 **30-00 CITY-ST-ZIP TITLE NAME /* 800207258518 .05/05/11=01004=0115,**138.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155/F.8.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Shore #