

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000003355 1. Entity Name EXPORT TERMINAL INC.		
Principal Place of Business 3795 NW SOUTH RIVER DR MIAMI, FL 33142	Mailing Address 3795 NW SOUTH RIVER DR MIAMI, FL 33142	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LOPEZ, JUAN F 3795 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142		DO NOT WRITE IN THIS SPACE
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 reinstating)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD LOPEZ, JUAN 3795 NW SOUTH RIVER DR MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD PACHECO, ISRAEL 3795 NW SOUTH RIVER DR MIAMI, FL 33142	
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TITLE NAME STREET ADDRESS 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.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/06 3056347071 Date Daytime Phone



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0455318** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000555521
05/16/06-80036-006 150.00

**DO NOT WRITE
IN THIS SPACE**