


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90296 029 ***150.00

DOCUMENT # P94000000144	
1. Entity Name TELE EXPORT CORPORATION	

Principal Place of Business 4757 NW 72ND AVE MIAMI, FL 33166 US	Mailing Address 4757 NW 72ND AVE MIAMI, FL 33166 US
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14012272



2. Principal Place of Business 8127 NW 29th ST Suite, Apt. #, etc.	3. Mailing Address 8127 NW 29th ST Suite, Apt. #, etc.
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01262004 Chg-P CR2E034 (10/03)

City & State MIAMI - FL	City & State MIAMI - FL	4. FEI Number 65-0457949	Applied For <input type="checkbox"/> Not Applicable
Zip 33122-1051	Country USA	Zip 33122-1051	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE OLIVEIRA, ROGERIO A 4757 NW 72ND AVENUE MIAMI, FL 33166	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE OLIVEIRA, LUIZ J RUA DO SEMINARIO 177 CENTRO CEP 01034-040 SAO PAULO, SP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE OLIVEIRA, EDUARDO C RUA DO SEMINARIO 177 CENTRO CEP 01034-040 SAO PAULO, SP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIANANTE, CARLOS ALBERTO RUA DO SEMINARIO 177 CENTRO CEP 01034-040 SAO PAULO, SP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE OLIVEIRA, ROGERIO A RUA DO SEMINARIO 177 CENTRO CEP 01034-040 SAO PAULO, SP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ROGERIO A. DE OLIVEIRA** **04/05/2004** **(305) 597 2288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #