

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000000144 1. Entity Name TELE EXPORT CORPORATION					
Principal Place of Business 8127 NW 29TH ST MIAMI, FL 33122-1051 US			Mailing Address 8127 NW 29TH ST MIAMI, FL 33122-1051 US		
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 65-0457949	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE OLIVEIRA, ROGERIO A 4757 NW 72ND AVENUE MIAMI, FL 33166			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OLIVEIRA, LUIZ J		NAME		
STREET ADDRESS	RUA DO SEMINARIO 177 CENTRO		STREET ADDRESS		
CITY-ST-ZIP	CEP 01034-040 SAO PAULO, SP		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OLIVEIRA, EDUARDO C		NAME		
STREET ADDRESS	RUA DO SEMINARIO 177 CENTRO		STREET ADDRESS		
CITY-ST-ZIP	CEP 01034-040 SAO PAULO, SP		CITY-ST-ZIP		
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CITY-ST-ZIP	CEP 01034-040 SAO PAULO, SP		CITY-ST-ZIP		
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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.					
SIGNATURE:			ROGERIO A DE OLIVEIRA		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date April, 25 2007 Daytime Phone # (305) 597 2288		

40105619



04132007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0457949	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE OLIVEIRA, ROGERIO A
4757 NW 72ND AVENUE
MIAMI, FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**VP
DE OLIVEIRA, EDUARDO C
RUA DO SEMINARIO 177 CENTRO
CEP 01034-040 SAO PAULO, SP**

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SIGNATURE: **ROGERIO A DE OLIVEIRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April, 25 2007** Daytime Phone # **(305) 597 2288**