2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000007036

1. Entity Name
INTERSUD EXPORT CO., INC.

Principal Place of Business	Mailing Address
3533 NW 115TH AVE MIAMI, FL 33178 US	3533 NW 115TH AVE MIAMI, FL 33178 US

2. Principal Place of Business	3. Mailing Address		
255 Alhambra Circle	255 Alhambra Circle		
Suite, Apt. #, etc. 720	Suite, Apt. #, etc. 720		
City & State Coral Gables, Fl	City & State Coral Gables, Fl	4. FEI Number 65-0463246	Applied For Not Applicable
Zip 33134	Country USA	Zip 33134	Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

03132006   Chg-P   CR2E034 (11/05)

6. Name and Address of Current Registered Agent

RODRIGUES, OSCAR
3533 N.W. 115TH AVENUE
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name
RODRIGUES, OSCAR

Street Address (P.O. Box Number is Not Acceptable)
255 Alhambra Circle #720

City
Coral Gables   FL   Zip Code 33122

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RODRIGUES, OSCAR STREET ADDRESS 3533 N.W. 115TH AVENUE CITY-ST-ZIP MIAMI, FL 33178		☐ Delete	TITLE PD NAME RODRIGUES, OSCAR STREET ADDRESS 255 Alhambra Circle #720 CITY-ST-ZIP Coral Gables, Fl 33134		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: _____   03/13/06   (305) 444-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #