


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000014243 1. Entity Name A & N EXPORTS, INC.																				
Principal Place of Business 6318 N.W. 23 ST. BOCA RATON FL 33434 US			Mailing Address 6318 N.W. 23 ST. BOCA RATON FL 33434 US																	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																	
City & State			City & State																	
Zip		Country		Zip																
Country		Country		4. FEI Number 65-0479626 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E034 (4/07)																
6. Name and Address of Current Registered Agent BASMA, AKRAM 6318 N.W. 23 ST. BOCA RATON FL 33434			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 re-registering) DATE _____																				
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State			S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>																	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>MGM</td> <td>BASMA, AKRAM</td> <td>6318 N.W. 23 ST.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>BOCA RATON FL 33434</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		MGM	BASMA, AKRAM	6318 N.W. 23 ST.				BOCA RATON FL 33434		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			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.					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition															
SIGNATURE: _____ 9-31-07 561-3064370 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																				