


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000066029 1. Entity Name VINCENT IMPORT AND EXPORT, INC.						FILED 05 SEP 13 AM 8:28 					
Principal Place of Business 751 N GREENWAY DR MIAMI, FL 33131				Mailing Address 200 S. BISCAYNE BLVD. SUITE 4100 MIAMI, FL 33131							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 806 Douglas Road Suite 580		08312005 Chg-P CR2E034 (10/03)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">4. FEI Number 65-0521853</td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 65-0521853	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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City & State Coral Gables		City & State Coral Gables		6. Name and Address of Current Registered Agent CORP INTERNATIONAL REG AGENT INC 200 SOUTH BISCAYNE BLVD. #4100 MIAMI, FL 33131							
Zip Country 33134 US		City & State Coral Gables		7. Name and Address of New Registered Agent Name Registered Agent Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) 806 Douglas Road Suite 580 City Coral Gables FL Zip Code 33134							
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: <i>RVE</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>9/7/05</i>											
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY - ST - ZIP	DPS CASTRO, GILBERTO <input checked="" type="checkbox"/> Delete 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS FRANCIA QUIJADA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 751 N GREENWAY DRIVE CORAL GABLES, FL 33134						
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 300059738853 09/13/05--01039--001 **\$1.25						
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						
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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: <i>Francia Quijada</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <i>9/7/05</i>		DAYTIME PHONE #: <i>305 445 2930</i>					

FRANCIA QUIJADA