FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
5/9/2006-90100-001-$150.00-$150.00 *
5/9/2006-90100-002-$8.75-$8.75
06 JUN 19 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056380

1. Entry Name

Amigos Export, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
14720 S.W. 104 TERRACE Suite Apt. # etc	8418 CORAL WAY Suite Apt. #, etc	DO NOT WRITE IN THIS SPACE
City & State: MIAMI - FLORIDA	City & State: MIAMI - FLORIDA	4. FEI Number: 050594663 — Applied For / Not Applicable
Zip: 33196 Country: U.S.A.	Zip: 33155 Country: U.S.A.	5. Certificate of Status Desired: X $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RUECKNER, GUILLERMO

Street Address: P.O. Box Number is Not Acceptable:

14720 S.W. 104 TERRACE

City: MIAMI FL Zip Code: 33196

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.

SIGNATURE _____ DATE

Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required in all circumstances

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is $150.00 After May 1, Fee is $550.00 Amended UBR is $61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT FREUNDT ENRIQUE P.O. BOX 63014 CARACAS, VENEZUELA 1067A	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REGISTED AGENT RUECKNER, GUILLERMO 14720 S.W. 104 TERRACE MIAMI, FLORIDA 33196	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ENRIQUE FREUNDT, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2006 (305)386-8202

6/20/06