


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90198 044 ***150.00

DOCUMENT # P95000095021

1. Entity Name
S.B.M. EXPORT CORP.



Principal Place of Business
4495 NW 37 CT
MIAMI, FL 33142 US

Mailing Address
4495 NW 37 CT
MIAMI, FL 33142 US

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0625503

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A
150 ALHAMBRA CIRCLE
#1270
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICERO, ROBERT J 3789 NW 46 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICERO, IRIS 3789 NW 46 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CICERO, MATHEW 3789 NW 46 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENNETT, PAUL 3789 NW 46 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Robert Cicero **Robert Cicero** 4/27/04 3056339650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #