2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000021823

1. Entity Name

EXOTIC EXPORTS, INC.



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90181 010 ***150.00

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Section Sect	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Country Zip Country Sip Country Sip Country Significant of Status Desired Significant Sign	City & State				City & State				4. FEI Number 65-0652329					
GRIMALDOS, LUZ ANGELA 8261 N.W. 5TH TERR. #330 MIAM FL 33126 6. The above named ontity 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 scoept the obligations of registered agent, hyper or printer came of registered agent and the registered office or registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, hyper or printer came of registered agent, and the registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, hyper or printer came of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent, or both, in the State of Florida Deleter of Registered Agent Scooper agent scoept agent age	Zip		Country	Zip	Zip Cou			5. Certificate of State				8.75 Ad	ditional	
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#330 Sireer Accress yet O. Box Number is Not Acceptable) Sireer Accress yet O. Box Number is Not Acceptable) City FL Zip Code							Name							1
#330 MIAMI FL 33126 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suparative, byped or printed name of registered agent and title of agents agent agents agent a					Stro			Street Address (P.O. Box Number is Not Acceptable)						
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 Signulum, typed or private farme of registered agent and title if applicable. (NOTE flagistered Agent signature required when winterstrip) ONE														
SIGNATURE Signature typed or pristed name of registered agent and title if applicable (NOTE Registered Agent signature required when reintesting) Date	MIAMI FL 33126						City		F			Zip Code		
Signature, propose or printed name of legislande apert and issol of appricable. (NOTE Regislanded Agent alignatured Jahnet American) (STECT AGENTS AND DIRECTORS 1.1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1				r the purp	ose of changing its	registere	ed office or	registere	ed age	ent, or both, in the State of F	lorida. I am fa	miliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	SIGNATURE .		ं or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	d Agent signatu	re required	when rei	instating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00				State						· -			
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12. Thereby 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 lengt effect as if made under early that I am an efficie as dispatch.	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information supplied with	this filing		NAME STREE CITY-	ET ADDRESS ST-ZIP	ed in Sec	tion 1	119 07/(3Vi) Florida Statutas				

of the corporation or the receiver of rustee 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.

GAMINE ELLUZ Angela Grimaldos

(305)264-4558