2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Jan 13, 2005 08:00 AM DOCUMENT # P96000079993 . **Secretary of State** APEX IMPORT/EXPORT, INC. Principal Place of Business Mailing Address 1550 E OAKLAND PARK BLVD 1550 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33334 01062005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 65-0702541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZERGER, DANIELLE DO NOT WRITE 1550 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE n ZERGER, DANIELLE NAME STREET ADDRESS 1550 E OAKLAND PARK BLVD CITY-ST-ZIP FT LAUDERDALE, FL 33334 U00000179951 01/13/05-80039-014 150.00 TITLE SVETLANA FUZAILOV, LEORA NAME STREET ADDRESS 1550 E OAKLAND PARK BLVD CITY-ST-ZIP FT LAUDERDALE, FL 33334 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 inclicated 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Leora S. Fuzailov

1-10-05

Daytime Phone #

FILED