


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000097213</b> 1. Entity Name <b>READY EXPORT CO.</b>		
Principal Place of Business <b>8976 TAFT STREET, UNIT 9 AT PINE LAKES PLAZA PEMBROKE PINES, FL 33024</b>	Mailing Address <b>8976 TAFT STREET, UNIT 9 AT PINE LAKES PLAZA PEMBROKE PINES, FL 33024</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>REYNOSO, RAFAEL 8676 TAFT STREET UNIT 9 PEMBROKE PINES, FL 33024</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REYNOSO, RAFAEL 8976 TAFT STREET, UNIT 9 PEMBROKE PINES, FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD REYNOSO, JOSEFINA M 8976 TAFT STREET, UNIT 9 PEMBROKE PINES, FL 33024	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Rafael Reynoso</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>03/07/05</u> <u>954.431 1000</u> <small>Date Daytime Phone #</small>



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0711325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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04/08/05-80033-001 150.00

**DO NOT WRITE  
IN THIS SPACE**