

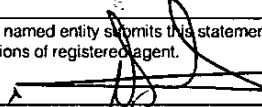
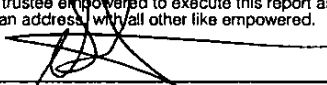


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90204 037 ***150.00

DOCUMENT # P97000005779 1. Entity Name ADVANCE IMPORT & EXPORT, INC.					
Principal Place of Business 2970 N.W. 99TH CT MIAMI, FL 33172-1090			Mailing Address 2970 N.W. 99TH CT MIAMI, FL 33172-1090		
2. Principal Place of Business 8251 N.W. 8ST		3. Mailing Address 8251 N.W. 8ST			
Suite, Apt. #, etc. 108		Suite, Apt. #, etc. 108			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		02252005 Chg-P CR2E034 (10/03)	
Zip 33126		Country DADE		4. FEI Number 65-0720155	
Zip 33126		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIETROSEMOLI, CARLOS 2970 N.W. 99TH CT MIAMI, FL 33172-1090				7. Name and Address of New Registered Agent Name PIETROSEMOLI, CARLOS Street Address (P.O. Box Number is Not Acceptable) 8251 N.W. 8ST #108 City MIAMI FL Zip Code 33126	
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  DATE 02-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PIETROSEMOLI, CARLOS 2970 N.W. 99TH CT MIAMI, FL 331721090	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PIETROSEMOLI, CARLOS 8251 N.W. 8ST #108 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE 02-25-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					