2005 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 07, 2005 08:00 AM DOCUMENT # P97000034403 1. Entity Name **Secretary of State** OVIDY EXPORT CORPORATION Mailing Address Principal Place of Business 3876 SW 112TH AVE 3876 SW 112TH AVE MIAMI, FL 33165 MIAMI, FL 33165 03022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0744675 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RODRIGUEZ, ENELIDA M 11200 SW 33RD CIRCLE PLACE MIAMI, FL 33165 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE NAME RODRIGUEZ, ENELIDA M U00000253526 07705-80039-004 150.00 11200 SW 33RD CIRCLE PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 TITLE RIDRUGUEZ, ESCARLETT NAME 11200 SW 33RD PLACE STREET ADDRESS CHY-ST-ZIP MIAMI, FL 33165 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)(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 changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS City-St-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Applied For

Not Applicable