2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of changed, or on an attachment will

SIGNATURE:

n address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 27, 2006 08:00 AN Secretary of State DOCUMENT # P97000074850 1. Entity Name IMPORT & EXPORT 7477, INC. Principal Place of Business Mailing Address 16375 N.E. 18 AVENUE, #314 NORTH MIAMI BEACH FL 33162 16375 N.E. 18 AVENUE, #314 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0778509 Not Applicat Zìo Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ-RODRIGUEZ, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 16375 N.E. 18 AVENUE, SUITE 314 NORTH MIAMI BEACH FL 33162 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstaling) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE ☐ Delete TITLE 1000001449267 03/03/06-80046-024 150.00 NAME VAZQUEZ-RODRIQUEZ, RAFAEL NAME STREET ADDRESS STREET ADDRESS 16375 N.E. 18 AVE., STE. 314 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 TITLE Delete TITLE Change Change Addition NAME VAZQUEZ-BARRET, RAFEAL MANE STREET ADDRESS STREET ADDRESS 16375 N.E. 18 AVE., STE. 314 CITY-ST-7/P CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete HILE Addition HILE Change NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7(P TITLE ☐ Defete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change THLE Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 this see empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11

a-21-2006

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