


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000091296</b> 1. Entity Name LYNOLN EXPORTS, INC.	
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Principal Place of Business 2550 NW 72ND AVENUE STE #301 MIAMI, FL 33122	Mailing Address 2550 NW 72ND AVENUE STE #301 MIAMI, FL 33122
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01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0789848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MIYARES, LEONARDO  
100 ALMERIA AVE  
SUITE 230  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CSISZER, RONALDO 2550 NW 72ND AVENUE, STE. 301 MIAMI, FL 33122
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02/26/07-80068-024 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:** Ronald Csizser RONALDO CSISZER 11/25/07 305-436-1433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #