2008 FOR PROFIT CORPORATION -ANNUAL REPORT (AR)

FILED Feb 25, 2008 08:00 AM Secretary of State DOCUMENT # P97000094944 1. Entity Name INTERNATIONAL EXPORT TRADE, INC. Principal Place of Business Mailing Address 8414 N.W. 61 STREET 8414 N.W. 61 STREET MIAMI FL 33166 **MIAMI FL 33166** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0096765 Not Applicable Ζıp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAZOUEZ, ALVARO G 8414 N.W. 61 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 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 redistered agent. SIGNATURE Squitzre, typed or prened pages of registroid abent and sile is applicable. INDIE Registered Agent arginitum required when reinstituting DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VASQUEZ, ALVARO G NAME U00000835779 02/29/08-80049-002 150.00 STREET ADDRESS 8414 N.W. 61 STREET STREET ADDRESS DITY: ST- 787 MIAMI FL 33166 CITY-ST-7#P TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-SI-212 CITY-ST-ZIP UEF De'ete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEE ☐ Derete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change LIII De-ete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP ☐ Derete TILLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. Thereby certify that the information such ed with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

indicated on this report or supplements of the corporation or the receiver of the changed, or on an attachment with the changed, or on an attachment with the changed of the changed of the change of

SIGNATURE AND TYPED OR SIGNING OFFICER OR DIRECTOR

with all other like empowered.

Mr. addre

deport is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director takes empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 for address, with all other like empowered.