

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000011184

1. Entity Name
TUTTO EXPORT, INC.



Principal Place of Business
**2060 SW 195TH AVE
HOLLYWOOD, FL 33029**

Mailing Address
**2060 SE 195TH AVE.
MIRAMAR, FL 33029**



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0810405

Applied For
Not Applicable

5. Certificate of Status Desired

X **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARVAEZ, ADRIANA
2060 SW 195TH AVE.
MIRAMAR, FL 33029**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reselecting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000707498
04/24/07-80078-004 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARVAEZ, ADRIANA
STREET ADDRESS 2060 SW 195TH AVE.
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE VP
NAME MARTINO, RUBEN
STREET ADDRESS 2060 SW 195TH AVE.
CITY-ST-ZIP MIRAMAR, FL 33029

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CITY-ST-ZIP

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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:

Adriana Marvaez Pres.

4/10/07 954-450-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #