


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90096 042 \*\*\*158.75

<b>DOCUMENT # P98000011184</b>					
<b>1. Entity Name</b> <b>TUTTO EXPORT, INC.</b>					
<b>Principal Place of Business</b> 2060 SW 195TH AVE HOLLYWOOD, FL 33029			<b>Mailing Address</b> 2060 SE 195TH AVE. MIRAMAR, FL 33029		
<b>2. Principal Place of Business - No P.O. Box #</b> 10830 NW 138 <sup>th</sup> St.		<b>3. Mailing Address</b> Same			
Suite, Apt. #, etc. Unit Bay # 2		Suite, Apt. #, etc.			
<b>City &amp; State</b> Hialeah Garden		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0810405	
Zip 33018		Country Dade		Country	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  NARVAEZ, ADRIANA 2060 SW 195TH AVE. MIRAMAR, FL 33029			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE: <u>Adriana Narvaez</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARVAEZ, ADRIANA 2060 SW 195TH AVE. MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINO, RUBEN 2060 SW 195TH AVE. MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Adriana Narvaez</u> Pres. 4/15/08 305-512-7922 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					