2006 FOR PROFIT CORPORATION

Mar 15, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-15-2006 90093 041 ***150.00 **DOCUMENT # P98000024138** EXIM INTERNATIONAL SERVICES, CORP. Thierias Mailing Address Principal Place of Business 2135 NW 76TH TERR 2135 NW 76TH TERR PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112006 Cha-P CR2E034 (11/05) 4, FE! Number Applied For City & State City & State 65-0861622 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PULIDO, MARISOLÍ Street Address (P.O. Box Number is Not Acceptable) 2135 NW 76 TERR MIRAMAR, FL 33025 City Zip Code 8. The above named entity subdits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 1 PO TITLE □ Delete TITLE Сталде ☐ Addition NAME PULIDO, MARISOL NAME 2135 NW 76TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 trusted 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 line empowered.

CITY-ST-ZIP

CITY+ST-ZIP

Daytime Phone #

FILED