2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2006 08:00 AM **Secretary of State** DOCUMENT # P98000028289 1. Entity Name INMA EXPORT CORP. Principal Place of Business Mailing Address 1208 SW 2ND ST. 1208 SW 2ND ST. MIAMI, FL 33135 MIAMI, FL 33135 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0822710 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROA, ISMAEL DO NOT WRITE 11541 NW 2 STREET #207 IN THIS SPACE MIAMI, FL 33172 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 egent and title if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ROA, INDIANA 11541 NW 2 ST, #207 STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP U00000407979 SD TITLE 02/08/06-80043-006 150.00 ROA, ISMAEL MAME 11541 NW 2 ST, #207 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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:

TITLE NAME STREET ADDRESS CITY-ST-7IP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED