2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2007 8:00 am Secretary of State

DOCUMENT # P98000071161 1. Entity Name TRIANON AUTO EXPORT COMPANY, INC.							07-12-2007 90057 006 ***150.00			
Principal Plac	e of Busines	s	Mailing Address							
4950 E 10 AV 4950 E 10 AV										
HIALEAH, FL 33013 HIALEAH, FL 3301:							•			
			1.5.11.33							
Z. Principal P	race of Busir	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		07092007	Chg-P	CR2E034 (12/06)			
City & State			City & State			4. FEI Numb		Ar	plied For	
			7:			65-087	70353	<u>_ </u>	t Applicable	
Zip	Zip Country		Zip Coun		itry	5. Certificate	e of Status Desired	See Require		
6. Name and Address of Current			Registered Agent		1	7. Name and Address of New Registered Agent				
	o. Name	and Address of Correns	radistalan waant	7. Name and	10 0100 0					
DONGON	IZALEZ, P	P.A		NAME LUIS CAMELO						
1820 N SORBORATE LAKES BLVD					Street Addres	ss (P.O. Box Numb	P.O. Box Number is Not Acceptable)			
SUITE 201						4950 E. 10 AVE.				
FORT LAUDERBALE, FL 33326					7750	<i>)</i>	10 AU	E .		
3					City HIALEAH FL 388313					
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 farm									and accept	
the obligations of registered agent.										
SIGNATURE 4 07/09/07									2	
Signal ve, typed or printed name of registered agent and talled applicable. (NOTE Registured Agent signature required when reinstating) DATE.										
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing \$5 Trust Fund Contribution							In accordance v	vith s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10.		OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	L /CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	PSD		☐ Delete	TITL	<u> </u>			☐ Change	Addition	
NAME	CAMELO, LUIS NAR				£				_	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE	VP		☐ Delete	TITLE	I .			Change	Addition	
NAME STREET ADDRESS	SANCHEZ, NOHORA S				E AODRESS					
CITY-S1-ZIP				-ST-ZIP						
								Chance	☐ Addition	
NAME			☐ Oelete	TITLE NAM	1			☐ Change	☐ Addition	
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NAME				NAM	E					
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NAME CTREET ADDOCCC				NAM	l l					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			m ₀₋₁₋₁₋	TITLE				☐ Channe	☐ Addition	
NAME			Delete	NAM	1			☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	CITY			-ST-ZIP						
12. I hereby	certify that th	e information supplied wit	h this filing does not qualify fo	or the exi	emptions contain	ned in Chapter 11	9, Florida Statutes. I	further certify that the in	formation	
indicated on this report or supplemental report 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 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: The CAMELO PRES.										

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR