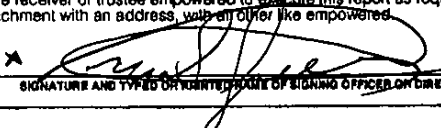


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000071497		
1. Entity Name G. A. EXPORT, INC.		
Principal Place of Business 399 NW BOCA RATON BOCA RATON, FL 33432 US		Mailing Address 399 NW BOCA RATON BOCA RATON, FL 33432 US
DO NOT WRITE IN THIS SPACE		
		
01122007 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0858237		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DICKENSON, DAVID B 980 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432		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 reinstating) 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
10. OFFICERS AND DIRECTORS		UD00000632690 02/21/07-80032-007 158.75
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	GRASSO, CARLOS S	
STREET ADDRESS	399 NW BOCA RATON	
CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE	D	
NAME	ABUIN, HECTOR O	
STREET ADDRESS	399 NW BOCA RATON	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.		
SIGNATURE: 		Date _____ Daytime Phone # _____