

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90131 007 ***150.00

DOCUMENT # P98000086761 1. Entity Name S&C EXPORT CORPORATION					
Principal Place of Business 10325 SW 115 COURT MIAMI, FL 33176			Mailing Address 10325 SW 115 COURT MIAMI, FL 33176		
2. Principal Place of Business 7210 SW 57th AVE		3. Mailing Address 7210 SW 57th AVE			
Suite, Apt. #, etc. SUITE #203		Suite, Apt. #, etc. SUITE #203			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33143		Country USA		4. FEI Number 59-3570738	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FERNANDEZ, ELOY A ESQ 782 NW LE JEUNE RD, STE 632 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 782 NW LE JEUNE ROAD SUITE #643 City MIAMI FL Zip Code 33126		
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 _____ (NOTE: Registered Agent signature required when reissuing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BENDIXEN, KLAUS STREET ADDRESS 10325 SW 115 COURT CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE DP NAME BENDIXEN KLAUS STREET ADDRESS 5715 SUNSET DRIVE - APT. #5715 CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BENDIXEN, HANS STREET ADDRESS 10325 SW 115 COURT CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Klaus Bendixen</u> President Date: <u>3/31/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>					