2006 FOR PROFIT CORPORATION

FILED Mar 13. 2006 08:00 AM

ANNUAL REPORT					Secretary of State		
1. Entity Nam	MENT # P9900007900 0 IMPORT & EXPORT INC.	08			Secretary of S	iaie	
Principal Plac 431 WEST 2 HIALEAH, FL	8 STREET	Aaling Address 431 WEST 28 STREET HIALEAH, FL_33010			T INGS TEN SEN SEN SEN SEN SEN SEN SEN SEN SEN S		
DO NOT WRITE IN THIS SPA				03032006 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent RODRIGUEZ, ERNESTO 15328 SW 77TTH LANE #104 MIAMI, FL 33193				DO NOT WRITE IN THIS SPACE			
8. The above the obligat SIGNATURE.	e named entity submits this statement for the tions of registered agent. Signature, typed or printed frame of registered agent and not			gistered agent, or bo	oth, in the State of Florida. I am familiar with 3/10/06	, and accep	
Fil After M	E NOWIN FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000464950 03/22/06-80016-012	150.0 0	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRE D RODRIGUEZ, ERNESTO 15328 SW 77TH LANE #104 MIAMI, FL 33193 D DOMINGUEZ, RICARDO 12431 S.W. 26 STREET MIAMI, FL 33175	CTORS			NOT WRITE THIS SPACE		
CITY-SI-ZIP THEE NAME STREET ATTORESS							

12. I hereby certify that the information supplied with this filling 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: __

CITY-ST-ZIP

NAME STREET ADDRESS CRY-ST-ZIP

SIGNATURE AND TYPED OR PRINT! NAME OF SIGNING OFFICER OR DIRECTOR

786-5140068