
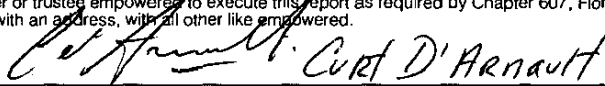


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90538 023 \*\*\*158.75

<b>DOCUMENT # S07986</b> 1. Entity Name <b>M.C.A. EXPORTERS, INC.</b>					
Principal Place of Business <b>8500 N.W. 4TH TERR SUITE 3 MIAMI, FL 33126</b>			Mailing Address <b>2121 PONCE DE LEON BLVD. 240 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01132004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>65-0250885</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRATS, BABRIEL 2121 PONCE DE LEON BLVD #240 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>GABRIEL PRATS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 PONCE DE LEON BLVD NO. 240</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>		
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  <b>4-22-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>D'ARNAULT, STANLEY J.</b> STREET ADDRESS <b>TAPANAHONYSTRAAT NO. 8</b> CITY-ST-ZIP <b>REPUBLIC OF SURINAME,</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>STD</b> <input type="checkbox"/> Delete NAME <b>D'ARNAULT, CARMEN D.</b> STREET ADDRESS <b>TAPANAHONYSTRAAT NO. 8</b> CITY-ST-ZIP <b>REPUBLIC OF SURINAME,</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>D'ARNAULT, CURT</b> STREET ADDRESS <b>8500 NW. 4TH STREET NO. 3</b> CITY-ST-ZIP <b>MIAMI, FL. 33126</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>04-21-04</b> <b>305-266-9564</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					