

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07986

Entity Name: M.C.A. EXPORTERS, INC.

FILED  
Apr 19, 2007  
Secretary of State

## Current Principal Place of Business:

14906 SOUTHWEST 12TH LANE  
MIAMI, FL 33194

## New Principal Place of Business:

## Current Mailing Address:

2121 PONCE DE LEON BLVD.  
240  
CORAL GABLES, FL 33134

## New Mailing Address:

2121 PONCE DE LEON BLVD.  
STE 240  
CORAL GABLES, FL 33134

FEI Number: 65-0250885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD., N  
#240  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO, PA.  
2121 PONCE DE LEON BLVD  
STE. 240  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GABRIEL PRATS

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: D'ARNAULT, STANLEY J. .  
Address: TAPANAHONYSTRAAT NO. 8  
City-St-Zip: REPUBLIC OF SURINAME,

Title: STD ( ) Delete  
Name: D'ARNAULT, CARMEN D.,  
Address: TAPANAHONYSTRAAT NO. 8  
City-St-Zip: REPUBLIC OF SURINAME,

Title: STD ( ) Delete  
Name: D'ARNAULT, CURT  
Address: 8500 NW 4TH STREET NO. 3  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: D'ARNAULT, STANLEY J  
Address: TAPANAHONYSTRAAT NO. 8  
City-St-Zip: REPUBLIC OF SURINAME, SU SURINAME SU

Title: STD (X) Change ( ) Addition  
Name: D'ARNAULT, CARMEN D  
Address: TAPANAHONYSTRAAT NO. 8  
City-St-Zip: REPUBLIC OF SURINAME, SU SURINAME SU

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY J. D'ARNAULT

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date