2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07986

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

D'ARNAULT, CURT

MIAMI, FL 33126

8500 NW 4TH STREET NO. 3

Name:

Address: City-St-Zip: FILED Apr 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14906 SOUTHWEST 12TH LANE MIAMI, FL 33194 **Current Mailing Address: 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: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition D'ARNAULT, STANLEY J Name: Name: TAPANAHONYSTRAAT NO. 8 Address: Address: City-St-Zip: REPUBLIC OF SURINAME, SU SURINAME SU City-St-Zip: Title: Title: () Delete () Change () Addition Name: D'ARNAULT, CARMEN D Name: TAPANAHONYSTRAAT NO. 8 Address: Address: REPUBLIC OF SURINAME, SU SURINAME SU City-St-Zip: City-St-Zip: () Delete Title: Title: STD () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: STANLEY J. D'ARNAULT PD 04/03/2008