

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90017 001 \*\*\*150.00

<b>DOCUMENT #</b> 1. Entity Name <b>V10225</b>	
AUTOMOTIVE EXPORT INTERNATIONAL	

**DO NOT WRITE IN THIS SPACE**

**40079400**

2. Principal Place of Business 7220 NW 46 STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33166	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 65-0311373		<b>Applied For</b>
			<b>Not Applicable</b>
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
	<b>7. Name and Address of Current Registered Agent</b>		
	Name CAMPS, CANDIDO Street Address (P.O. Box Number is Not Acceptable) 7220 NW 46 STREET  City MIAMI		

**FL**

Zip Code  
33166

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11.**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPS CANDIDO 8801 FOUNTAINBLEAU BLVD #306 MIAMI, FLORIDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]* CANDIDO CAMPS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2007

Date

305-471-9616

Daytime Phone #