

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

FILED

09 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800155777058
05/11/09--01047--036 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # v10225	
1. Entity Name	
AUTOMOTIVE EXPORT INTERNATIONAL	

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0311373	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CAMPS, CANDIDO
Street Address (P.O. Box Number is Not Acceptable)
7220 N.W. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANDIDO CAMPS 8801 FOUNTAINBLEAU BLV #306 MIAMI FL
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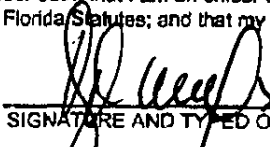
11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:



CANDIDO CAMPS - PRESIDENT

4/30/2009

(805) 269-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #