

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

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FILED

09 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # v10225
1. Entity Name AUTOMOTIVE EXPORT INTERNATIONAL

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

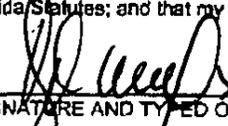
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<p>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</p>	<p>9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.</p>
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANDIDO CAMPS 8801 FOUNTAINBLEAU BLV #306 MIAMI FL	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:  CANDIDO CAMPS -PRESIDENT 4/30/2009 (805) 269-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #