


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90097 003 \*\*\*150.00

DOCUMENT # V23032 1. Entity Name COMPUEXPORT, CORP.	
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Principal Place of Business 2618 N.W. 72 AVENUE MIAMI, FL 33122 US	Mailing Address 2618 N.W. 72 AVENUE MIAMI, FL 33122 US
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04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

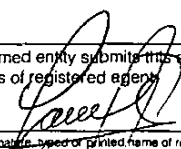
4. FEI Number 65-0337836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

NADER, YAMIL  
2618 N.W. 72 AVENUE  
MIAMI, FL 33122

**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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 4-4-05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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 NADER, YAMIL 2620 N.W. 72 STREET MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NADER, ELIZABETH 2620 N.W. 72 STREET MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NADER, FARITH 2620 N.W. 72 STREET MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  (NOTE: Signature and typed or printed name of signing officer or director)

DATE: 4-4-05

DAYTIME PHONE #: 305-477-8330