


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V23032</b> 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



02102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0337836	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**8. 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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	NADER, YAMIL
STREET ADDRESS	2618 N.W. 72 STREET
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	SD
NAME	NADER, ELIZABETH
STREET ADDRESS	2620 N.W. 72 STREET
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	PD
NAME	NADER, FARITH
STREET ADDRESS	2618 N.W. 72 STREET
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000450390  
03/10/06-80001-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reporting 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06 305-477-3144

Date

Daytime Phone #