

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90046 024 \*\*\*150.00

<b>DOCUMENT # V46725</b> 1. Entity Name <b>H. &amp; M. EXPORT-IMPORT, INC.</b>																					
Principal Place of Business <b>P.O. BOX 521395</b> <b>MIAMI, FL 33152-1395</b>			Mailing Address <b>P.O. BOX 521395</b> <b>MIAMI, FL 33152-1395</b>																		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																			
City & State  Zip		City & State  Zip		4. FEI Number <b>65-0404695</b>																	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																	
6. Name and Address of Current Registered Agent  <b>GUTIERREZ, HERNANDO</b> <b>8440 SW 107 AVE</b> <b>APARTMENT 105</b> <b>MIAMI, FL 33173</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City																	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: _____																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">DPT <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUTIERREZ, HERNANDO</td> </tr> <tr> <td>STREET ADDRESS</td> <td>8440 SW 107 AVE #105 6440 HARDING STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33173 HOLLYWOOD, FL 33024</td> </tr> </table>			TITLE	DPT <input type="checkbox"/> Delete	NAME	GUTIERREZ, HERNANDO	STREET ADDRESS	8440 SW 107 AVE #105 6440 HARDING STREET	CITY-ST-ZIP	MIAMI, FL 33173 HOLLYWOOD, FL 33024	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P.O. Box 521395 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33152-1395</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	P.O. Box 521395 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	MIAMI, FL 33152-1395	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 reports 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:** \_\_\_\_\_ **01.28.05** **(305) 225-9036**

Date Daytime Phone #