2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2006 08:00 AN Secretary of State

DOCUMENT # V46725 1. Entity Name H. & M. EXPORT-IMPORT, INC.				Secretary of State			
Principal Plac		ailing Address] –	•		
P.O. BOX 52 MIAMI, FL 33		P.O. BOX 521395 Mami, FL 33152-1395					
				02032006	No Chg-P	CR2E034 (11	1/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 65-040			Applied For Not Applicable
				5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Regis	stered Agent					
GUTIERREZ, HERNANDO 6440 HARDING STREET HOLLYWOOD, FL 33024-4105			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.		ed office or registe		th, in the State of Fid	orida. I am familiai	with, and accept
	Signature, typed or printed name of registered agent and life	Rapplicable. (NOTE Hegister	so Agent signature require	o when reinstating)	Uzasov		
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Fina Trust Fund Contribution. 		.00 May Be led to Fees		0428414 -80047-005	5 15O.OO
10.	ÖFFİĞERS AND DIRE	CTORS					
ritle Name	DPT GUTIERREZ, HERNANDO				·	·	
NAME STREET ADDRESS	6440 HARDING STREET						
City-SI-ZIP	HOLLYWOOD, FL 33024						
TITLE			7				

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CLTY-ST-ZIP STREET ADDRESS CITY ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 report it it because 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 empty level of 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 adaptass, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 (305) 332-9104

Daytime Phone #