2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR POSTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 03, 2004 8:00 am **Secretary of State** DOCUMENT # V69215 1. Entity Name 02-03-2004 90010 016 \*\*\*150.00 A.M.G. EXPORT TRADING, INC. Principal Place of Business Mailing Address 2900 W. 84 STREET 2900 W. 84 STREET HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 1/305 NW.128TH ST. 11305 NW. 128Th ST. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0363988 MebLEY FLORIDA MEDLEY FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE TALLAHASSEE FL 32315 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change PTD TITLE ☐ Delete TITLE Addition GONZALEZ, ANDRES NAME MAME 11305 NW. 128Th ST. 2900 W. 84 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP MEDLEY FLORIDA Change TITLE ☐ Delete TITLE ☐ Addition GONZALEZ, MIRIAM NAME NAME 11305 NW 128Th ST. 2900 W. 84 STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP FLORIDA TITLE ☐ Defete TITLE Change ■ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 teach that rue 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 englowered 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.

FILED