2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90124 020 ***150.00

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DOCUMENT # P98000048323

1. Entity Name
G&J IMPORT & EXPORT, INC.

Principal Place of Business	Mailing Address
20803 BISCAYNE BLVD SUITE 101 MIAMI FL 33180 US	20803 BISCAYNE BLVD SUITE 101 MIAMI FL 33180 US

2. Principal Place of Business	3. Mailing Address
Miami. Fl	20803 BISCAYNE BLVD
Suite, Apt. #, etc.: 20803 Biscayne Blvd #101	Suite, Apt. #, etc.: 101
City & State: Aventura, Fl	City & State: Aventura Fl
Zip: 33180 Country: DADE	Zip: 33180 Country: DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0847604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMIREZ, ROCIO 3400 NE 192 ST #1410 AVENTURA FL 33180	Name: Rocio Ramirez Street Address (P.O. Box Number is Not Acceptable): 3400 NE 192 ST. #1410 City: Aventura FL Zip Code: 33180

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 _____ 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD RAMIREZ, ROCIO 3400 NE 192 ST #1410 AVENTURA FL 33180	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RAMIREZ, ROCIO 1200 BRICKELL AVE., SUITE 1440 MIAMI FL 33131	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED 4/29/03. (305)5254770.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #