

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000123761 1. Entity Name RP IMPEX INC	
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Principal Place of Business 800 CLAUGHTON ISLAND DRIVE #2501 MIAMI, FL 33131	Mailing Address 800 CLAUGHTON ISLAND DRIVE #2501 MIAMI, FL 33131
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02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0097539	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PREVITE, PIETRO
800 CLAUGHTON ISLAND DRIVE #2501
MIAMI, FL 33131

**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, 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PREVITE, PIETRO 800 CLAUGHTON ISLAND DRIVE #2501 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DUARTE, RAFAEL 800 CLAUGHTON ISLAND DRIVE #2501 MIAMI, FL 33131
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02/25/05-80015-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2005 7064251255
Date Daytime Phone #