

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90356 013 \*\*\*150.00

**DOCUMENT # P05000009588**

1. Entity Name  
**IMPORT ZXX INC.**



Principal Place of Business Mailing Address  
4793 ORANGE GROVE WAY 4793 ORANGE GROVE WAY  
PALM HARBOR, FL 34684 PALM HARBOR, FL 34684  
*SAME AS PRINC. PLACE*

**40085064**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01152008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2182428 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**ZOLOVSKY, RICHARD**  
4793 ORANGE GROVE WAY  
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZOLOVSKY, RICHARD	
STREET ADDRESS	4793 ORANGE GROVE WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZOLOVSKY, HELENA	
STREET ADDRESS	4793 ORANGE GROVE WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIOLKOWSKI, KRZYSZTOF	
STREET ADDRESS	4793 ORANGE GROVE WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:**

*RICHARD ZOLOVSKY*  
**PRES.** 4/17/08 727-488-6982  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #