

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90191 018 ***150.00

DOCUMENT # F23519

1. Entity Name
VIKING IMPORT AND EXPORT, INC.



Principal Place of Business 12277 S.W. 55TH STREET SUITE 903 COOPER CITY, FL 33330	Mailing Address 12277 S.W. 55TH STREET SUITE 903 COOPER CITY, FL 33330 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	01042007	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2087578	Applied For Not Applicable	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent SCHROEDER, POUL 14269 NW 19TH ST PEMBROKE PINES, FL 33028 :	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHROEDER, POUL 14269 NW 19TH ST PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHROEDER, DORA 14269 NW 19TH ST PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAPPE, ALLEN 17400 N.E. 12TH COURT N. MIAMI BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20505 E. Country Club Drive, # 2138 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHROEDER, FLEMING 8971 SW 57TH ST FORT LAUDERDALE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12600 S.W. 6 Court Davie, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Poul Schroeder** **01/04/2007** **954-434-0465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #