## 2006 FOR PROFIT CORPORATION

## Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # H90003** 1. Entity Name 04-10-2006 90305 013 \*\*\*150.00 BUTREX IMPORT EXPORT, INC. Principal Place of Business Mailing Address 722 N 19TH ST-722 N 19TH ST ALLENTOWN, PA 18104 ALLENTOWN, PA 18104 US 2. Principal Place of Business 3. Mailing Address 302 SOUTH 302 SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 CR2E034 (11/05) Chg-P BUNICK 40 BUNICK c/0 Applied For City & State City & State 4. FEI Number PA EMMANS 11-2787033 EMMAUS Not Applicable Zip 18049 Country \$8.75 Additional 18049 5. Certificate of Status Desired USA SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KWITNEY, PAUL Street Address (P.O. Box Number is Not Acceptable) **420 LINCOLN ROAD SUITE 512** MIAMI BEACH, FL 33139 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change ☐ Delete TITLE PRES Addition TITLE BUNICK, VICTOR BUNICK, VICTOR NAME NAME DOE TRAIL Rd STREET ADDRESS 1351 STREET ADDRESS 722 N 19TH ST PA 18104 CITY-ST-ZIP CITY-ST-ZIP ALLENTOWN, PA 18104 AlleNTOWN, SECK STD TITLE Delete TILLE Change Addition BUNICK, Lestie BUNICK, LESLIE NAME NAME 1351 DOE TRAIL Rd 722 N 19TH ST STREET ADDRESS STREET ADDRESS PA 18104 CITY-ST-ZIP CITY-ST-ZIP ALLENTOWN, PA 18104 Allentonn, ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE Delete TIME Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP

**FILED** 

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.

4-5-06 610-740-9744 SIGNATURE: Davime Phone # Date