2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # H92236

1. Entity Name
GENERAL IMPEX CORPORATION

Principal Place of Business	Mailing Address
132 E. COLONIAL DR., SUITE 206 ORLANDO, FL 32801	132 E. COLONIAL DR., SUITE 206 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2785207
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SABETI, HOUSHANG
132 E. COLONIAL DR., SUITE 206
ORLANDO, FL 32801

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

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

UD00000255775
03/08/05-80028-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	SASSANFAR, ABBAS
STREET ADDRESS	401 E. ROBINSON ST.
CITY-ST-ZIP	ORLANDO, FL 32401
TITLE	V
NAME	SABETI, PARVIZ
STREET ADDRESS	132 E. COLONIAL, P.O. BOX 536401 (32853)
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	YASSAMAN, SASSANFAR
STREET ADDRESS	7550 HINSON ST UNIT 5C
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Parviz Sabeti 3-4-05 407-426-8545
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #