#### **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

#### DOCUMENT # H92236

1. Entity Name GENÉRAL IMPEX CORPORATION

Principal Place of Business

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

Mailing Address

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

# **FILED** Apr 13, 2007 8:00 am Secretary of State

04-13-2007 90169 003 \*\*\*150.00

40059624

No Chg-P



### DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-2785207		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

CR2E034 (11/05)

SABETI, HOUSHANG 132 E. COLONIAL DR., SUITE 206	DO NOT WRITE
ORLANDO, FL 32801	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 little if applicable.

6. Name and Address of Current Registered Agent

(NOTE Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$150,00

Election Campaign Financing

\$5.00 May Be Added to Fees

01222007

After M	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution
10.	OFFICERS AND DIREC	CTORS
FITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SASSANFAR, ABBAS 401 E. ROBINSON ST. ORLANDO, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABETI, PARVIZ 132 E. COLONIAL, P.O. BOX 536401 ORLANDO, FL 32801	(32853)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YASSAMAN, SASSANFAR 7550 HINSON ST UNIT 5C ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

## DO NOT WRITE IN THIS SPACE

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 tike empowered.

SIGNATURE: \_

Paris Ser SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARVIZ SAUFT

4-10-02

Daytime Phone #