2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K02402

1. Entity Name FLORIDA EXIMPORT COMPANY

Principal Place of Business

6536 VIA ROSA BOCA RATON, FL 33433 Mailing Address 6536 VIA ROSA

BOCA RATON, FL 33433

FILED Jan 29, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 01202004

4. FEI Number 65-0014618

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMC, ANTONIO 6536 VIA ROSA BOCA RATON, FL 33433

DO NOT WRITE

333.1.1.1.1.3.1,1.2.33.133			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title in	applicable. (NOTE, Registered	Agent signatur	s required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	ing 🗆	\$5.00 May Be Added to Fees	000000019728 01/29/04-80037-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PVD TOMC, ANTONIO 6536 VIA ROSA BOCA RATON, FL ST TOMC, ANTONIO 6536 VIA ROSA BOCA RATON, FL M TOMC, MARTINA 6536 VIA ROSA BOCA RATON, FL	TORS			NOT WRITE THIS SPACE
STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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