

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90237 017 ***150.00

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

50020734

2. Principal Place of Business

8398 XANTHUS LANE

Suite, Apt. #, etc.

3. Mailing Address

8398 XANTHUS LANE

Suite, Apt. #, etc.



02072005

Chg-P

CR2E034 (10/03)

City & State

WELLINGTON FL

City & State

WELLINGTON FL

4. FEI Number

65-0014618

Applied For

Not Applicable

Zip

33414

Country

Zip

33414

Country

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

**8398 XANTHUS LANE
WELLINGTON, FL 33414**

Name

Street Address (P.O. Box Number is Not Acceptable)

8398 XANTHUS LANE

City

WELLINGTON

FL

Zip Code

33414

7. Name and Address of New Registered Agent

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

8/22/05

**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

10. OFFICERS AND DIRECTORS

TITLE PVD ☐ Delete
NAME TOMC, ANTONIO
STREET ADDRESS 6536 VIA ROSA
CITY-ST-ZIP BOCA RATON, FL

TITLE ST ☐ Delete
NAME TOMC, ANTONIO
STREET ADDRESS 6536 VIA ROSA
CITY-ST-ZIP BOCA RATON, FL

TITLE M ☐ Delete
NAME TOMC, MARTINA
STREET ADDRESS 6536 VIA ROSA
CITY-ST-ZIP BOCA RATON, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD ☒ Change ☐ Addition
NAME TOMC, ANTONIO
STREET ADDRESS 8398 XANTHUS LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ST ☒ Change ☐ Addition
NAME TOMC ANTONIO
STREET ADDRESS 8398 XANTHUS LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☒ Change ☐ Addition
NAME TOMC MARTINA
STREET ADDRESS 8398 XANTHUS LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANTONIO TOMC - PRES.

8/22/05

561-642-4906