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03 MAY 29 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006526

1. Entity Name
IMPOREX LLC

Principal Place of Business	Mailing Address
2619 W. ATLANTIC BLVD. POMPANO BEACH, FL 33060	2619 W. ATLANTIC BLVD. POMPANO BEACH, FL 33060

2. Principal Place of Business		3. Mailing Address	
		2800 S. OCEAN BLVD	
Suite, Apt #, etc.		Suite, Apt. #, etc. #14C	
City & State		City & State BOCA RATON, FL	
Zip	Country	Zip 33432	Country U.S.A.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3031665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DANOS, PAUL
2619 W. ATLANTIC BLVD.
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME PAUL DANOS STREET ADDRESS 4715 NW 21st Street #604 CITY-ST-ZIP LAUDERHILL, FL, 33313 MGRM	☐ Delete	TITLE NAME Dimitrios [illegible] STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition
TITLE MGR NAME DIMITRIOS ANAGNOSTOPOULOS STREET ADDRESS 2800 S OCEAN BLVD #14C CITY-ST-ZIP BOCA RATON, FL, 33432 MGR	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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04/24/03--01008--005 **50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] DIMITRIOS ANAGNOSTOPOULOS 4-15-03 (561) 394-4858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #