2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M24049

1. Entity Name

TERMAR IMPORT AND EXPORT INCORPORATED



FILED Apr 04, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

7630 WEST FLAGLER STREET MIAMI, FL 33144 US 10360 SW 92 STREET MIAMI, FL 33176 US



DO NOT WRITE IN THIS SPACE

01282007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2605046

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTANA, MARCOS L. 10360 S.W. 92ND ST. MIAMI, FL 33166

DO NOT WRITE 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	000000689096 04/11/07-80021-025 150	0.00
10.	D. OFFICERS AND DIRECTORS					
TITLE	PD	1				
NAME	SANTANA, MARCOS L.					
STREET ADDRESS	s 10360 S.W. 92ND ST.					
CITY-ST-ZIP	MIAMI, FL					
TITLE	ST					
NAME	SANTANA, MARIA T.					
STREET ADDRESS	10360 S.W. 92ND ST.					1
CITY-ST-ZIP	MIAMI, FL					
TITLE						
NAME						
STREET ADDRESS				50	NOT WOITE	
CITY-ST-ZIP				טט	NOT WRITE	
TITLE				INI "	THIS SDACE	
NAME				III	THIS SPACE	
STREET ADDRESS						1
CITY-ST-ZIP						;
TITLE						
NAME						
STREET ADDRESS						

12. 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 like empowered.

CICNATUDE

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF BUSINESS OFFICER OF INDECTOR

3/31/07 (300)279-600)

Daytime Phone #