


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90077 007 \*\*\*150.00

<b>DOCUMENT # P00000031194</b> 1. Entity Name <b>MYRIAD IMPORT-EXPORT, INC.</b>					
Principal Place of Business <b>1600 VISTA LAKE CIRCLE MELBOURNE, FL 32904</b>			Mailing Address <b>1600 VISTA LAKE CIRCLE MELBOURNE, FL 32904</b>		
2. Principal Place of Business - No P.O. Box # <b>2810 SUNSET ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2810 SUNSET ROAD</b> Suite, Apt. #, etc.			
City & State <b>W. Melbourne, FL</b>		City & State <b>W. Melbourne, FL</b>		4. FEI Number <b>59-3636709</b>	
Zip <b>32904</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POALELUNGI, COSTICA 1600 VISTA LAKE CIRCLE MELBOURNE, FL 32904</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2810 SUNSET ROAD</b> City <b>W. Melbourne</b> <b>FL</b> Zip Code <b>32904</b>		
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 <u><i>Costica Poalelungi</i></u> DATE <u>3-8-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POALELUNGI, COSTICA <del>1600 VISTA LAKE CIRCLE</del> MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POALELUNGI, COSTICA 2810 SUNSET Rd. W. Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POALELUNGI, MARY <del>1600 VISTA LAKE CIRCLE</del> MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POALELUNGI, MARY 2810 SUNSET Rd. W. Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	CHANGE OF ADDRESS ONLY. OFFICERS remain the SAME.  <i>Mary Poalelungi</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions con- indicated on this report or supplemental report is true and accurate and that my signature shall hav- of the corporation or the receiver or trustee empowered to execute this report as required by Chap- changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Costica Poalelungi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>President - Director</b>			DATE: <u>3-8-08</u> <small>Date Daytime Phone #</small>		