
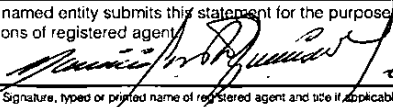
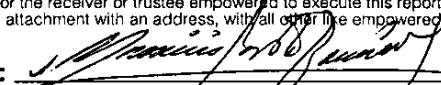


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90037 003 \*\*\*150.00

<b>DOCUMENT # P00000061210</b> 1. Entity Name <b>FILMTRONIX IMPORT &amp; EXPORT, CO.</b>					
Principal Place of Business <b>7925 NW 12TH STREET STE 407 MIAMI, FL 33126</b>			Mailing Address <b>7925 NW 12TH STREET STE 407 MIAMI, FL 33126</b>		
2. Principal Place of Business <b>7955 N.W. 12TH STREET</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33126</b>		3. Mailing Address <b>7955 N.W. 12TH STREET</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33126</b>		03042005    Chg-P    CR2E034 (10/03)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-1026821</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CASTRO, JOSUE M 7925 NW 12TH STREET STE 407 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>JOSUE M. CASTRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7955 N.W. 12TH STREET</b> <b>SUITE 400</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</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  (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CASTRO, JOSUE M 7925 NW 12TH ST STE 407 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JOSUE M. CASTRO 7955 N.W. 12TH STREET SUITE 400 MIAMI, FL 33126
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ECHEVERRY, MARIA E 7925 NW 12TH ST STE 407 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIA E. ECHEVERRY 7955 N.W. 12TH STREET SUITE 400 MIAMI, FL 33126
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASTRO, SANTIAGO 7925 NW 12TH ST STE 407 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANTIAGO.CASTRO 7955 N.W. 12TH STREET SUITE 400 MIAMI, FL 33126
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NARVAEZ, HERMAN 7925 NW 12TH ST STE 407 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERMAN NARVAEZ 7955 N.W. 12TH STREET SUITE 400 MIAMI, FL 33126
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAROLINA CASTRO 7955 N.W. 12TH STREET SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAROLINA CASTRO 7955 N.W. 12TH STREET SUITE 400 MIAMI, FL 33126
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAROLINA CASTRO 7955 N.W. 12TH STREET SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAROLINA CASTRO 7955 N.W. 12TH STREET SUITE 400 MIAMI, FL 33126
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					