## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000061210

Entity Name

FILMTRONIX IMPORT & EXPORT, CO.



Principal Place of Business

7955 NW 12TH STREET

STE 400

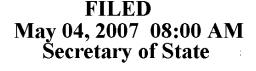
MIAMI, FL 33126

Mailing Address

7955 NW 12TH STREET

STE 400

MIAMI, FL 33126





DO NOT WRITE IN THIS SPACE

 04272007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTRO, JOSUE M 7955 NW 12TH STREET STE 400

MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

8. The above named entity	submits this statem	nt ic	the put	bose of changing its registered office or registered agent, or both, in the State of Flor	rida.	I am familiar with, and accept
the obligations of register		//	- 71	. 1		.1 =

SIGNATURE

10.

Signature, typed or printe

name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

25107

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE PS CASTRO, JOSUE M NAME STREET ADDRESS 7955 NW 12TH ST SUITE 400 CITY-ST-ZIP MIAMI, FL 33126 PS TITLE ECHEVERRY, MARIA E 7955 NW 12TH ST SUITE 400 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP IIILE PS SANTIAGO, CASTRO NAME 7955 NW 12TH ST SUITE 400 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP

U00000760788 05/25/07-80029-012 150.00

DO NOT WRITE
IN THIS SPACE

NAME NAVAEZ, GERMAN
STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33126

TILE PS
NAME CASTRO, CAROLINA
STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33126

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier on the report is true and accurate and lifet rpy signature shall have the same legal effect as if made under oath; that I arm an officer or director of the corporation or the receiver of trustee empowered to except the 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:

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPES OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

305 4707504

Daytime Phone #