

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90248 037 ***150.00

DOCUMENT # P00000061210 1. 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	
2. Principal Place of Business - No P.O. Box # 1470 NW 107 Ave		3. Mailing Address 1470 NW 107 Ave	
Suite, Apt. #, etc. E		Suite, Apt. #, etc. E	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33172		Zip 33172	
Country USA		Country USA	
4. FEI Number 65-1026821		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Jose M. Castro Street Address (P.O. Box Number is Not Acceptable) 1470 NW 107 Ave Suite E City MIAMI FL Zip Code 33172	
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 4/30/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CASTRO, JOSUE M 7955 NW 12TH ST SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ECHEVERRY, MARIA E 7955 NW 12TH ST SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SANTIAGO, CASTRO 7955 NW 12TH ST SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NAVAEZ, GERMAN 7955 NW 12TH ST SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CASTRO, CAROLINA 7955 NW 12TH ST SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		Date 4/30/08 Daytime Phone #	