


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


05 OCT -7 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031196 1. Entity Name IMPORTADORA AMERICANA, INC.	
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Principal Place of Business POST OFFICE BOX 84 MIAMI, FL 33142-0084	Mailing Address POST OFFICE BOX 84 MIAMI, FL 33142-0084
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



09162005	Chg-P	CR2E034 (10/03)
4. FEI Number 65-1125747	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	7. Name and Address of New Registered Agent
DICKSON, GREGORIO A ESQ. 4455 NAUTILUS DRIVE MIAMI BEACH, FL 33140	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$550.00 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete LEON, JORGE A POST OFFICE BOX 84 MIAMI, FL 331420084	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060353392 10/07/05--01038--025 **150.00
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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.

SIGNATURE: Jorge A Leon 10-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


10/4/05

To whom this may concern,

I am writing to inform that I did not receive an annual report form for the company Importadora Americana. Now I have received a letter informing me that I owe 550 dollars before October 1. I received the letter on October 3. So how can I know that I owe 550 from the late fee if 1: I did not get a notice saying that I had to pay for the company, and 2: I got this latter saying that I owed that much money on October 3 which is two days after the due date.

I ask for a waiver, because I am in necessity of a waiver because I didn't get the annual report notice before the payment for the company was due.

JORGE A LEÓN

 10-4-05