


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90004 013 \*\*\*150.00

**DOCUMENT # P01000031196**  
 1. Entity Name  
 IMPORTADORA AMERICANA, INC.



Principal Place of Business: POST OFFICE BOX 84, MIAMI, FL 33142-0084  
 Mailing Address: POST OFFICE BOX 84, MIAMI, FL 33142-0084

**50020481**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

05222006 Chg-P CR2E034 (11/05)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: 65-1125747  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DICKSON, GREGORIO A ESQ.  
 4455 NAUTILUS DRIVE  
 MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEON, JORGE A	
STREET ADDRESS	POST OFFICE BOX 84	
CITY - ST - ZIP	MIAMI, FL 331420084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: \_\_\_\_\_ **5-26-06** **305 5327224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
50020481  
Division of Corporations

Annual Report

Annual Report Help

Document Number

P01000031196

Business Entity Name

IMPORTADORA AMERICANA, INC.

FEI Number

651125747

FEI Number Status

Listed Above    Applied For    Not Applicable

Certificate of Status Desired

Yes    No    \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes    No

Principal Place of Business

Address

POST OFFICE BOX 84

Suite, Apt. #, etc.

City, State

MIAMI, FL

Zip Code & Country

331420084

Mailing Address

Address

POST OFFICE BOX 84

Suite, Apt. #, etc.

City, State

MIAMI, FL

Zip Code & Country

331420084

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

DICKSON, GREGORIO, A, ESQ.

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

4455 NAUTILUS DRIVE

Suite, Apt. #, etc.

City, State

MIAMI BEACH, FL

Zip Code & Country

33140 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an

ATTACHMENT # 50020481 # P01000031196 <https://efile.sunbiz.org/scripts/ubr001.exe>

individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title: D  
Name (Last, First, Middle, Title): LEON, JORGE, A

- OR -

Entity Name to serve as Officer/Director

Street Address: POST OFFICE BOX 84  
City, State: MIAMI, FL  
Zip Code & Country: 331420084

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

# 50020481  
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Title \_\_\_\_\_  
Name (Last, First, Middle, Title) \_\_\_\_\_

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code & Country \_\_\_\_\_

Title \_\_\_\_\_  
Name (Last, First, Middle, Title) \_\_\_\_\_

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code & Country \_\_\_\_\_

Title \_\_\_\_\_  
Name (Last, First, Middle, Title) \_\_\_\_\_

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code & Country \_\_\_\_\_

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title \_\_\_\_\_  
Officer/Director Signature \_\_\_\_\_

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

ATTACHMENT # 50020481  
P01000031196

**\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \***

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if *different* from preprinted address.
- Affix postage on reverse side and mail.

Document # **P01000031196**

IMPORTADORA AMERICANA, INC.  
POST OFFICE BOX 85  
MIAMI FL 33142

P.O. Box 420084  
Miami FL 33242-0084



# ATTACHMENT 50220781  
P01000031196



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## ANNUAL REPORT NOTICE

1278430 01 FP 0.212 \*\*PRSRT TZ 0 1201 33142

IMPORTADORA AMERICANA, INC.  
POST OFFICE BOX-84  
MIAMI FL 33142

P.O. Box 420084  
Miami Fla 33242-0084

33142/3333

