FILED
Jun 14, 2004 8:00 am
Secretary of State
05-03-2004 91055 043 ***150.00

5/3

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000077653

1. Entity Name
H. J. IMPORT-EXPORT, CORP.

Principal Place of Business
10300 SUNSET DR, STE 360
MIAMI, FL 33173

Mailing Address
10300 SUNSET DR, STE 360
MIAMI, FL 33173

[redacted]

04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 14641 SW. 108 ST
Suite, Apt. #, etc.: MIAMI FLORIDA..
City & State:
Zip: 33186 Country: USA.

3. Mailing Address: 14641 SW. 108 ST
Suite, Apt. #, etc.:
City & State: MIAMI Florida
Zip: 33186 Country: USA.

4. FEI Number: 56-2283188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JARA, HERMES
10300 SUNSET DR, STE 360
MIAMI, FL 33173

7. Name and Address of New Registered Agent
Name: JARA, HERMES
Street Address (P.O. Box Number is Not Acceptable): 14641 SW. 108 ST.
City: MIAMI FL Zip Code: 33186.-

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JARA, HERMES		NAME	
STREET ADDRESS	PO BOX 832679		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33283		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: Hermes Jara 05/29/04 (305) 752-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #