


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000077985</b>	
1. Entity Name GIMEX INTERNATIONAL, CORP.	

Principal Place of Business 2832-B STONEWAY LN FT PIERCE, FL 34982	Mailing Address 2832-B STONEWAY LN FT PIERCE, FL 34982
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04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2283555	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  TOVAR, ILLEANA A ESQ. 1725 MAIN ST, STE 205 WESTON, FL 33326
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**DO NOT WRITE  
IN THIS SPACE**

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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FORLANO, CARLO 2832-B STONEWAY LN FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DE FORLANO, ANGELINA 2832-B STONEWAY LN FT PIERCE, FL 34982
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U000000149590  
05/03/04-80193-011 150.00

**DO NOT WRITE  
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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: Carlo Forlano Carlo Forlano 4/30/04 (305) 894-9402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #