

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90078 002 ***150.00

DOCUMENT # P02000097338

1. Entity Name
IMEX INTERNATIONAL IMPORT EXPORT, INC.



Principal Place of Business

**1709 TRAVELERS PALM DRIVE
EDGEWATER, FL 32132**

Mailing Address

**1709 TRAVELERS PALM DRIVE
EDGEWATER, FL 32132**

2. Principal Place of Business

6337 PALMAS BAY

3. Mailing Address

6337 PALMAS BAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FLORIDA

City & State

PORT ORANGE, FLORIDA

Zip

32127

Country

USA

Zip

32127

Country

USA

02172004

Chg-P

CR2E034 (10/03)

4. FEI Number

02-0642115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BASTOS, GERSON
1709 TRAVLERS PALM DRIVE
EDGEWATER, FL 32132**

7. Name and Address of New Registered Agent

Name **BASTOS, GERSON**

Street Address (P.O. Box Number is Not Acceptable)

6337 PALMAS BAY

City **PORT ORANGE**

FL

Zip Code **32127**

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

(Sign in the 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

TITLE **PS** ☐ Delete
NAME **BASTOS, GERSON**
STREET ADDRESS **1709 TRAVELERS PALM DRIVE**
CITY-ST-ZIP **EDGEWATER, FL 32132**

TITLE **VT** ☐ Delete
NAME **CATALANO, GREGORY R**
STREET ADDRESS **6337 PALMAS BAY CIRCLE**
CITY-ST-ZIP **PORT ORANGE, FL 32132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
NAME **BASTOS, GERSON**
STREET ADDRESS **6337 PALMAS BAY**
CITY-ST-ZIP **PORT ORANGE, FLORIDA 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Gregory R. Catalano* **GREGORY R. CATALANO** 3/17/04 386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 761-5155