2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000105404

1. Entity Name
CERAMIC IMPORT EXPORT, INC

Principal Place of Business	Mailing Address
1805 SANS SOUCI BLVD. APT. 403 MIAMI, FL 33181	1805 SANS SOUCI BLVD. APT. 403 MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
32-0039524
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FARROW, XIMENA
1805 SANS SOUCI BLVD.
APT. 403
MIAMI, FL 33181

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

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

U00000154498
05/04/04--80169--016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARROW, XIMENA
STREET ADDRESS	1805 SANS SOUCI BLVD APT 403
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	VPD
NAME	MARIN, CESAR
STREET ADDRESS	1805 SANS SOUCI BLVD APT 403
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	SD
NAME	MARIN, CECILIA
STREET ADDRESS	1805 SANS SOUCI BLVD APT 403
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	TD
NAME	FARROW, GORDON
STREET ADDRESS	1805 SANS SOUCI BLVD APT 403
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X Ximena Farrow X 954/[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(305)89-03 3