2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000109827

1. Entity Name
IMPORTODO, INC.

Principal Place of Business	Mailing Address
135 WESTWOOD CIRCLE ROYAL PALM BEACH, FL 33411	135 WESTWOOD CIRCLE ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0600154
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, CARLOS M
135 WESTWOOD CIRCLE
ROYAL PALM BEACH, FL 33411

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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, 2006 Fee will be $550.00

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

000000544882
05/11/06-80052-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORTIZ, CARLOS M
STREET ADDRESS	14930 HORSESHOE TRAC
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	RINCON, GLORIA P
STREET ADDRESS	135 WESTWOOD CIRCLE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	D
NAME	RINCON, GUILLERMO
STREET ADDRESS	12260 OLD COUNTRY ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: X _____ 4-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #