


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90004 018 ***150.00

DOCUMENT # P02000115229			
1. Entity Name OOPS IMPORT & EXPORT, INC.			
Principal Place of Business 8424 N.W. 56TH STREET LOG SAL 4311 MIAMI, FL 33166		Mailing Address 8424 N.W. 56TH STREET LOG SAL 4311 MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 5681 Red Bug Lake Rd		3. Mailing Address 5681 Red Bug Lake Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Springs, FL		City & State Winter Springs, FL	
Zip 32709	Country USA	Zip 32709	Country USA
6. Name and Address of Current Registered Agent ZACARIAS, JACOBO S 8424 N.W. 56TH STREET LOG SAL 4311 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5681 Red Bug Lake Rd City Winter Springs FL Zip Code 32709	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACARIAS, JACOBO S 8424 NW 56TH STREET SAL LOG 4311 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5681 Red Bug Lake Rd Winter Springs, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-2008

Date

407 699 8886

Daytime Phone #