

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90004 048 \*\*\*150.00

**DOCUMENT # P02000118824**

1. Entity Name  
**KANASTA IMPORTS, INC.**



Principal Place of Business

4524 Curry Ford Road  
PMB #626  
Orlando, FL 32812-2769

Mailing Address

4524 Curry Ford Road  
PMB #626  
Orlando, FL 32812-2769

**54058003**



05252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1450363**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SOLIS, ISMAEL JR.  
934 NORTH MAGNOLIA AVENUE  
SUITE 115  
ORLANDO, FL 32803

**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 Ismael Solis Jr.  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6/14/04

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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**

TITLE -  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
SOLIS, MYRNA I  
4524 Curry Ford Road, PMB #626  
ORLANDO, FL 32812

TITLE  
NAME  
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CITY - ST - ZIP

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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: Myrna Solis MYRNA SOLIS, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/14/04 407 277-3381