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2005 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Dec 15, 2005 8:00 A.M.  
Secretary of State

DOCUMENT # **P02000122706**  
**IMEX TRADING, INC**



Principal Place of Business Mailing Address  
**3460 N.W 99 Way**  
**Coral Springs, FL 33065**

2. Principal Place of Business 3. Mailing Address  
**3460 N.W 99 Way**

City & State Zip Country  
**Coral Springs, FL**  
**33065 U.S.A**



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

4. FEI Number: **33-1030801**  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
7. Name and Address of New Registered Agent  
Name: **CARLOS ALVAREZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**3460 N.W 99 Way**  
City: **Coral Springs** FL Zip Code: **33065**

8. The above named entity submits the 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: **12-13-05**  
(NOTE: Registered Agent signature required when reinstating)

FILE NOV 11 2005 \$160.00  
After May 1, 2003 Fee will be \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARLOS ALVAREZ</b>		NAME	
STREET ADDRESS <b>3460 N.W 99 Way</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Coral Springs FL 33065</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE: **12-13-05 (954) 2340473**  
SIGNATURE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

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Weston, FL December 13, 2005

Department of State  
Division of Corporations  
Uniform Business Report  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

IMEX TRADING, INC  
P02000122706

Dear Sir or Madam:

This letter is to inform you that I did not received the 2005 Uniform Business Report for IMEX TRADING, INC on time. Document number P02000122706.

I have only now realized that I owe the 2005 fees, and respectfully request that IMEX TRADING, INC, be excused from paying the some penalty.

Many thanks for your attention.

Yours truly,

  
CARLOS ALVAREZ  
Director