

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90018 002 ***150.00

DOCUMENT # P03000047964

1. Entity Name
GENERAL EXPORT, IMPORT INC.



Principal Place of Business
**4933 S.W 163RD AVE.
MIRAMAR, FL 33027**

Mailing Address
**4933 S.W 163RD AVE.
MIRAMAR, FL 33027**

40092399



2. Principal Place of Business

3. Mailing Address

2500 NW 79 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

264

City & State

MIAMI - FLORIDA

Zip

Country

33122

Country

US

05122006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0174285

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROJAS, JAIME G
4933 S.W 163RD AVE.
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

Name **PONCE, CRUZ A**

Street Address (P.O. Box Number is Not Acceptable)
4933 SW 163RD AVE

City **MIRAMAR**

FL

Zip Code
33027

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 **X**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05/12/06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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 **D** ☐ Delete
NAME **PONCE, CRUZ A**
STREET ADDRESS **4933 S.W 163RD AVE.**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/06

Date

Daytime Phone #