


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 09, 2004 8:00 am
Secretary of State

05-06-2004 90188 005 ***158.75

DOCUMENT # P03000087873 1. Entity Name EXPIM INVERSIONS A&B INC					
Principal Place of Business 7000 RUE GRANSVILLE MIAMI BCH, FL 33141			Mailing Address 7000 RUE GRANSVILLE MIAMI BCH, FL 33141		
2. Principal Place of Business 7000 RUE GRANSVILLE		3. Mailing Address 7000 RUE GRANSVILLE			
Suite, Apt. #, etc. SUITE 206		Suite, Apt. #, etc. SUITE 206			
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA		4. FEI Number 20-0168948	
Zip 33141		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, LOUIS D. 13446 SW 62ND ST. MIAMI, FL			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANGARITA, LINA 7000 RUE GRANSVILLE MIAMI BCH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANGARITA, LINA 7000 RUE GRANSVILLE SUITE 206 MIAMI BEACH, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BALAGUERA, JAIME F 7000 RUE GRANSVILLE MIAMI BCH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BALAGUERA, JAIME 7000 RUE GRANSVILLE SUITE 206 MIAMI BEACH, FL 33141	
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	
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	
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 exemption stated in Section 119.07(3)(j), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment #PO 3000067873

66429645

May 4, 2002

EXPIM INVERSIONS A&B INC
7000 Rue Granville Suite 206
Miami Beach, Florida 33141

~~Divisions of Corporations~~

~~Annual Report Section~~

~~P.O. Box 6850~~

~~Tallahassee, Florida 32314~~

Re: Corporation Annual Report

Request to waive Assessed penalties

Dear Officer:

Please be advised that our company never received the Annual Report with the delivery of our mail, many important documents never get delivered due that there is missing address information, the suite is not included.

As you requested we are writing to you to request to please to waive all penalties and fees assessed due to the above problem. Please find enclosed the Annual Report Form with the corresponding filing fees. To avoid future problems we are confirming our address:

7000 Rue Granville Suite 206
Miami Beach, Florida 33141

~~Please reconsider your position and grant us the waiver of said penalties. Thank you in advances~~
~~for your cooperation and consideration. Please do not hesitate to contact us at the above address~~
~~if any further information is needed.~~

Sincerely,



Lina Angarita
President