2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107453

Address:

City-St-Zip:

1061 LOOP ROAD

AUBURNDALE, FL 33823 US

FILED Apr 30, 2009 Secretary of State

Entity Name: SARASOTA IMPORT EXPORT, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1100 COMMERCIAL BLVD, UNIT 116 NAPLES, FL 34104 US			1100 COMMERCIAL I SUITE 116 NAPLES, FL 34104		
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
PO BOX 71 NAPLES, F			PO BOX 7153 NAPLES, FL 34104		
FEI Number:	20-0441644	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LAMB, JEFFREY R 809 WALKERBILT ROAD STE 5 NAPLES, FL 34110 US			3365 WOODS EDGE SUITE 104	TAX & FINANCIAL STRATEGISTS, LLC 3365 WOODS EDGE CIRCLE SUITE 104 BONITA SPRINGS, FL 34134 US	
The above in the State		submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: THOMAS WANDERON				04/30/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WILLIAMS, PHI	CIAL BLVD STE 116	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLIAMS, PHI	CIAL BLVD STE 116	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () POINTER, DEB	Delete ORAH	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PHILIP WILLIAMS Ρ 04/30/2009