


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000112005</b>	
1. Entity Name FOUR S IMPORT EXPORT INC	

Principal Place of Business 5371 10TH AVE. NORTH 6 GREENACRES, FL 33463	Mailing Address 5371 10TH AVE NORTH 6 GREENACRES, FL 33463
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0289435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAHINDRANATH, ROOPNARINE  
5371 10TH AVE NORTH  
GREENACRES, FL 33463

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROOPNARINE, MAHINDRANATH 605 RIVERSIDE DR. GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERNARDO, BRENDA 605 RIVERSIDE DR GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000713507  
04/26/07-80092-013 150.00

**DO NOT WRITE  
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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: Brenda Bernardo V.P. 04/09/07 (56) 6926 434-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #