

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000123761 1. Entity Name RP IMPEX INC	
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Principal Place of Business 800 CLAUGHTON ISLAND DRIVE #2501 MIAMI, FL 33131	Mailing Address 800 CLAUGHTON ISLAND DRIVE #2501 MIAMI, FL 33131
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04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0097539	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PREVITE, PIETRO
800 CLAUGHTON ISLAND DRIVE #2501
MIAMI, FL 33131

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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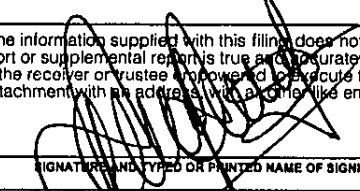
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREVITE, PIETRO 800 CLAUGHTON ISLAND DRIVE #2501 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUARTE, RAFAEL 800 CLAUGHTON ISLAND DRIVE #2501 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/16/07-80063-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an officer like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/2007 3053217828
Date Daytime Phone #