

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000123761

1. Entity Name
RP IMPEX INC



Principal Place of Business

800 CLAUGHTON ISLAND DRIVE #2501
MIAMI, FL 33131

Mailing Address

800 CLAUGHTON ISLAND DRIVE #2501
MIAMI, FL 33131



01172008 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000797561
01/29/08-80077-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PREVITE, PIETRO
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE #2501
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	DUARTE, RAFAEL
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE #2501
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this report 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 correct 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 authorized 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, which is not like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIETRO PREVITE

1/17/08

Date

Daytime Phone

786-4251255