

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150176

FILED
Mar 06, 2009
Secretary of State

Entity Name: POCHE IMPORT & EXPORT CAR SALE, INC

Current Principal Place of Business:

1234 HWY 17/92
HAINES CITY, FL 33844

New Principal Place of Business:

1234 HWY 17/92 N.
HAINES CITY, FL 33844

Current Mailing Address:

1234 HWY 17/92
HAINES CITY, FL 33844

New Mailing Address:

1234 HWY 17/92 N.
HAINES CITY, FL 33844

FEI Number: 20-0481869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLON, JESUS
1234 HWY 17/92
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: COLON, JESUS
Address: 1234 HWY 17/92
City-St-Zip: HAINES CITY, FL 33844

Title: P () Delete
Name: COLON, LUISA
Address: 1234 HWY 17/92
City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete
Name: FORTY, NOEMI
Address: 115 DORCHESTER CT
City-St-Zip: KISSIMMEE, FL 34758

Title: T () Delete
Name: RIVERA, JOSE M
Address: 161 AUREVIA CT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JESUS COLON

VPD

03/06/2009

Electronic Signature of Signing Officer or Director

Date