

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000023597**

1. Entity Name  
TRUE VALUE IMPORT EXPORT, INC.



Principal Place of Business  
10770 NW 66 ST SUITE 503  
MIAMI, FL 33178

Mailing Address  
10770 NW 66 ST SUITE 503  
MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0692444

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JAVIER, GONZALEZ  
10770 NW 66 ST SUITE 503  
MIAMI, FL 33178

**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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
PD  
GONZALEZ, JAVIER  
10770 NW 66 ST SUITE 503  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
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CITY ST ZIP

U00000564261  
05/20/06-80052-017 150.00

**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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_