

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90344 042 ***150.00

DOCUMENT # P04000128096

1. Entity Name

PADRINOS IMPORT INC.



Principal Place of Business

16933 NW 53 AVE
MIAMI FL 33055

Mailing Address

16933 NW 53 AVE
MIAMI FL 33055

2. Principal Place of Business

5578 NW 161 ST
Suite, Apt. #, etc.

3. Mailing Address

5578 NW 161 ST
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

20-1602325

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCA, MARISELA
16933 NW 53 AVE
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name
MARISELA ROCA
Street Address (P.O. Box Number is Not Acceptable)
5578 NW 161 ST

City Miami FL Zip Code 33014

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

Marisela Roca

MARISELA ROCA

4-20-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROCA, MARISELA	
STREET ADDRESS	16933 NW 53 AVE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DE BOMPART, MARIA EDNA	
STREET ADDRESS	16933 NW 53 AVE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marisela Roca

MARISELA ROCA

4-20-05. 305-6285338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #