2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90099 007 ***150.00

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1. Entity Name
R. Y. E. IMPORT EXPORT, INC.

50011553

Principal Place of Business	Mailing Address
PO BOX 025323 CCS 3380 MIAMI, FL 33102-5323	PO BOX 025323 CCS 3380 MIAMI, FL 33102-5323

01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1932903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIRAG, YSTVAN 1926 PISCES TERR WESTON, FL 33327	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIRAG, LAZLO PO BOX 025323 MIAMI, FL 331025323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT VIRAG, LAZLO PO BOX 025323 MIAMI FL 331025323	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIRAG, JULIANA N PO BOX 025323 MIAMI, FL 331025323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER VIRAG, JULIANA N PO BOX 025323 MIAMI, FL 331025323	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIRAG, YSTVAN PO BOX 025323 MIAMI, FL 331025323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY VIRAG, YSTVAN PO BOX 025323 MIAMI, FL 331025323	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIRAG, ZOLTAN PO BOX 025323 MIAMI, FL 331025323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT VIRAG, ZOLTAN PO BOX 025323 MIAMI, FL 331025323	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARADO, NESTOR L PO BOX 025323 MIAMI, FL 331025323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ALVARADO, NESTOR L PO BOX 025323 MIAMI, FL 331025323	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARADO, ANA J PO BOX 025323 MIAMI, FL 331025323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ALVARADO, ANA J PO BOX 025323 MIAMI, FL 331025323	☑ Change ☐ Addition

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: YSTVAN VIRAG _____ 1/26/05 305-5065680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #