



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90026 026 ***150.00

DOCUMENT # P05000020314 1. Entity Name MEXILANEOUS IMPORT AND EXPORT CORP			
Principal Place of Business 3445 58 AVE. NE NAPLES, FL 34120		Mailing Address 3445 58 AVE. NE NAPLES, FL 34120	
2. Principal Place of Business - No P.O. Box # 1814 48th ST SW Suite, Apt. #, etc. Apt. A City & State Naples, FL Zip 34116		3. Mailing Address 1814 48th ST SW Suite, Apt. #, etc. Apt A City & State Naples, FL Zip 34116	
			
		08012007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-2316431		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OCHOA, MARISOL 3448 58 AVE NE NAPLES, FL 34120		7. Name and Address of New Registered Agent Name Manuel Sanchez Street Address (P.O. Box Number is Not Acceptable) 1814 48th ST SW APT A City NAPLES FL Zip Code 34116	
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 <u><i>Manuel Sanchez</i></u> DATE <u>08-01-07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, MANUEL 1814 48TH STREET SW, APT. A NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANCHEZ, ELMA 1814 48TH STREET SW, APT. A NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Manuel Sanchez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>08-01-07</u> <u>(239)398-0551</u> <small>Date Daytime Phone #</small>	