

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031905

FILED
Jun 08, 2006
Secretary of State

Entity Name: MARGIE'S IMPORT & EXPORT, INC.

Current Principal Place of Business:

3525 BENITO JUAREZ CIR
APOPKA, FL 32712

New Principal Place of Business:

P O BOX 162985
ALT. SPRINGS, FL 32716 US

Current Mailing Address:

3525 BENITO JUAREZ CIR
APOPKA, FL 32712

New Mailing Address:

P O BOX 162985
ALT. SPRINGS, FL 32716 US

FEI Number: 20-2461053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, IN
1157 WEST STATE ROAD 436
SUITE105
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, IN
2471 E SEMORAN BLVD
APOPKA, FL 321703 US

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: DANIEL ALVAREZ

06/08/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, DAMARIS
Address: 611 W. LAKE BRANTLEY RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPTS () Delete
Name: SOBREVILLA, OSCAR
Address: 3525 BENITO JUAREZ CIR
City-St-Zip: APOPKA, FL 32712

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: GOMEZ, DAMARIS
Address: P O BOX 162985
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: VP (X) Change () Addition
Name: CASTRO, EDDY A
Address: P O BOX 162985
City-St-Zip: ALT SPRINGS, FL 32716 US

Title: T () Change (X) Addition
Name: SOBREVILLA, OSCAR
Address: P O BOX 162985
City-St-Zip: ALT. SPRINGS, FL 32716 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAMARIS GOMEZ

P

06/08/2006

Electronic Signature of Signing Officer or Director

Date