
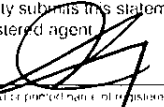
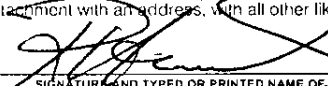


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90025 025 ***158.75

DOCUMENT # P05000057657 1. Entity Name CAZOLA IMPORTATION INC.					
Principal Place of Business 4805 N. HESPERIDES ST. TAMPA, FL 33614			Mailing Address 4805 N. HESPERIDES ST. TAMPA, FL 33614		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2716830	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARQUETTI, ROBERTO C 16270 S.W. 21 STREET MIRAMAR, FL			7. Name and Address of New Registered Agent Name JOSE S. RAMOS Street Address (P.O. Box Number is Not Acceptable) 306 E. BULLARD PWKY TAMPA FL 33617		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature typed or printed below if not registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> JOSE S. RAMOS <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 01-25-2007 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CAZOLA, RAMIRO 6104 WEBB ROAD APT, 1600 TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR RAMIRO CAZOLA HERNANDEZ 6104 WEBB ROAD APT 1600 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, RAMON 6104 WEBB ROAD APT, 1600 TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P SECRETARY/DIRECT RAMON HERNANDEZ 17318 BRIDLE PATH COURT LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR ADALBERTO EXPOSITO 7222 N. HUBERT AVE. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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:  RAMON HERNANDEZ EXC. VP. 01/25/07 813-766-7476 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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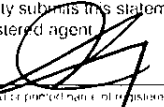
01252007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2716830

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

7. Name and Address of New Registered Agent
 Name
JOSE S. RAMOS
 Street Address (P.O. Box Number is Not Acceptable)
**306 E. BULLARD PWKY
TAMPA FL 33617**

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  **JOSE S. RAMOS** **01-25-2007**
Signature typed or printed below if not registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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☒ Change ☐ Addition

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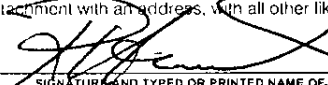
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SIGNATURE:  **RAMON HERNANDEZ** **EXC. VP.** **01/25/07** **813-766-7476**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR