

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000088912

1. Entity Name
TAMPA AUTO EXPORT, INC.



Principal Place of Business
10440 HUNTERS HEAVEN BLVD.
RIVERVIEW, FL 33569 US

Mailing Address
10440 HUNTERS HEAVEN BLVD.
RIVERVIEW, FL 33569 US



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3033299

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE LA CRUZ, EDISON R
10510 GOLDWATER LN
RIVERVIEW, FL 33569

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IN THIS SPACE**

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

00000008153
01/31/07-80066-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DELGADO, LUIS
STREET ADDRESS 10440 HUNTERS HEAVEN BLVD.
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE D
NAME DE LA CRUZ, EDISON R
STREET ADDRESS 10510 GOLDWATER LN
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #