

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90009 041 \*\*\*150.00

**DOCUMENT # P05000130162**  
 1. Entity Name  
 HORIZON IMPORT & EXPORT SERVICES INC.



Principal Place of Business: 10255 SW 8TH TERRACE, MIAMI, FL 33174  
 Mailing Address: 901 PONCE DE LEON BLVD, SUITE 606, CORAL GABLES, FL 33134

40024384



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

03022006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-3505410 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 GARCIA, EDUARDO  
 901 PONCE DE LEON BLVD  
 SUITE 606  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS           |                      |  |
|--------------------------------------|----------------------|--|
| TITLE: P                             | FIGUEROA, GUSTAVO A  | <input type="checkbox"/> Delete            |
| NAME: FIGUEROA, GUSTAVO A            | 10255 SW 8TH TERRACE |  |
| STREET ADDRESS: 10255 SW 8TH TERRACE | MIAMI, FL 33174      |  |
| CITY-ST-ZIP: MIAMI, FL 33174         |                      |  |
| TITLE: VP                            | ESPOSITO, FERNANDO F | <input checked="" type="checkbox"/> Delete |
| NAME: ESPOSITO, FERNANDO F           | 10255 SW 8TH TERRACE |  |
| STREET ADDRESS: 10255 SW 8TH TERRACE | MIAMI, FL 33174      |  |
| CITY-ST-ZIP: MIAMI, FL 33174         |                      |  |
| TITLE: S                             | FIGUEROA, PAULA M    | <input type="checkbox"/> Delete            |
| NAME: FIGUEROA, PAULA M              | 10255 SW 8TH TERRACE |  |
| STREET ADDRESS: 10255 SW 8TH TERRACE | MIAMI, FL 33174      |  |
| CITY-ST-ZIP: MIAMI, FL 33174         |                      |  |
| TITLE: _____                         | _____                | <input type="checkbox"/> Delete            |
| NAME: _____                          | _____                |  |
| STREET ADDRESS: _____                | _____                |  |
| CITY-ST-ZIP: _____                   | _____                |  |
| TITLE: _____                         | _____                | <input type="checkbox"/> Delete            |
| NAME: _____                          | _____                |  |
| STREET ADDRESS: _____                | _____                |  |
| CITY-ST-ZIP: _____                   | _____                |  |
| TITLE: _____                         | _____                | <input type="checkbox"/> Delete            |
| NAME: _____                          | _____                |  |
| STREET ADDRESS: _____                | _____                |  |
| CITY-ST-ZIP: _____                   | _____                |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                      |  |
|---|----------------------|--|
| TITLE: _____  | _____                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: _____   | _____                |  |
| STREET ADDRESS: _____                                 | _____                |  |
| CITY-ST-ZIP: _____                                    | _____                |  |
| TITLE: VP   | Fonseca Fernando     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: Fonseca Fernando                                | 10255 SW 8th Terrace |  |
| STREET ADDRESS: 10255 SW 8th Terrace                  | MIAMI FL 33174       |  |
| CITY-ST-ZIP: MIAMI FL 33174                           |                      |  |
| TITLE: _____  | _____                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: _____   | _____                |  |
| STREET ADDRESS: _____                                 | _____                |  |
| CITY-ST-ZIP: _____                                    | _____                |  |
| TITLE: _____  | _____                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: _____   | _____                |  |
| STREET ADDRESS: _____                                 | _____                |  |
| CITY-ST-ZIP: _____                                    | _____                |  |
| TITLE: _____  | _____                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: _____   | _____                |  |
| STREET ADDRESS: _____                                 | _____                |  |
| CITY-ST-ZIP: _____                                    | _____                |  |

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: \_\_\_\_\_ Date: 3/2/06 Daytime Phone #: 305-446-7723