

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P06000013064 1. Entity Name M.R.G. IMPORT AND EXPORT, CORP.	
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Principal Place of Business 42 SW 34TH AVE MIAMI, FL 33135	Mailing Address 42 SW 34TH AVE MIAMI, FL 33135
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02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0567360	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMADO, JESUS H 42 SW 34TH AVE MIAMI, FL 33135	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOTILLA, MARIA R 10834 SW 146TH CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AMADO, JESUS H 42 SW 34TH AVE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/25/08-80008-014 150.00

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: *Maria R. Gotilla* MARIA R. GOTILLA PRESIDENT 02/08/08 (305) 355-9448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #