

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90024 026 ***150.00

DOCUMENT # P06000066798

1. Entity Name

PALENQUE IMPORT-EXPORT CORP.



Principal Place of Business

8701 SW 12 STREET
SUITE 19
MIAMI FL 33174

Mailing Address

8701 SW 12 STREET
SUITE 19
MIAMI FL 33174



2. Principal Place of Business - No P.O. Box #

1000 SW 93 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1000 SW 93 AVENUE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33174

Country

DADE

Zip

33174

Country

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, SERGIO
8701 SW 12 STREET
SUITE 19
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name Sanchez, Sergio

Street Address (P.O. Box Number is Not Acceptable)

1000 SW 93 AVENUE

City MIAMI

FL

Zip Code 33174

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

3/2/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007, Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SANCHEZ, SERGIO	
STREET ADDRESS	8701 SW 12 STREET #19	
CITY - ST - ZIP	MIAMI FL 33174	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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 #

3/2/07