

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 21, 2008 8:00 am
Secretary of State

03-28-2008 90041 021 ***150.00

DOCUMENT # P07000102959 1. Entity Name IMPORT EXPORT MARKETPLACE, INC.					
Principal Place of Business 3531 FOREST RIDGE LANE KISSIMMEE, FL 34741			Mailing Address 3531 FOREST RIDGE LANE KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-4618540	
5. Name and Address of Current Registered Agent STEGE, FREDERICK J 3531 FOREST RIDGE LANE KISSIMMEE, FL 34741				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) Signature, typed or printed name of registered agent and title if applicable. 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEGE, ELIZABETH E 3531 FOREST RIDGE LANE KISSIMMEE, FL 34741	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STEGE, FREDERICK J 3531 FOREST RIDGE LANE KISSIMMEE, FL 34741	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <i>Frederick J Stege</i>		
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/12/08 Daytime Phone # 407-552-0199		

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4. FEI Number **36-4618540** Applied For Not Applicable

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

SIGNATURE: *Frederick J Stege*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/12/08** Daytime Phone # **407-552-0199**