2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133284

Entity Name: 4U IMPEX CORPORATION

FILED Jul 15, 2009 Secretary of State

Entity Nar	ne: 40 IMPE	A CORPORATION					
Current Principal Place of Business:				New Principal Place of Business:			
823 NE 10 STREET				1704 RODMAN STREET			
APT. 1 HALLANDALE, FL 33009				HOLLYWOOD, FL 33020			
Current Mailing Address:				New Mailing Address:			
POST OFFICE BOX 970 HALLANDALE, FL 33009				POST OFFICE BOX 970 HALLANDALE, FL 33008			
FEI Number:	26-1599206	FEI Number Applied For ()	FEI Numb	er Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PETO, ANDRASNE 823 NE 10 STREET APT. 1 HALLANDALE, FL 33009 US				PETO, ANDRASNE 1704 RODMAN ST HOLLYWOOD, FL 33020 US			
	named entity : e of Florida.	submits this statement for the	purpose of o	changing it	ts registered o	ffice or registered agent, or both,	
SIGNATURE: ANDRASNE PETO				07/15/2009			
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation did n	ot receive the	prior notice	e.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:				Title: P (X) Change () Addition Name: PETO, ANDRASNE Address: 1704 RODMAN ST City-St-Zip: HOLLYWOOD, FL 33020		SNE ST	
Title: Name: Address: City-St-Zip:	ss: 2615 HAYES STREET			iitle: lame: ddress: city-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:			N A	itle: lame: ddress: city-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () Delete LEICS, ADAM 823 NE 10 STREET #1 p: HALLANDALE, FL 33009			itle: lame: .ddress: city-St-Zip:	ame: Idress:		
Title: Name: Address: City-St-Zip:	ss: 3200 GYONGYOS GOLYA U. 49		۸ A	ïtle: lame: .ddress: city-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRASNE PETO P 07/15/2009