2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000106999

Title:

Name: Address:

City-St-Zip:

S, D

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STERLING, MARVYN

3030 NW 195TH STREET

MIAMI GARDENS, FL 33056

FILED Sep 08, 2009 Secretary of State

D 0 0 0 1 1 1 1						Occiding of t	Juic
Entity Name	e: GOD IS	GOOD IMPORT EXF	PORT CO., INC.				
Current Principal Place of Business:				New Principal Place of Business:			
3030 NW 19 MIAMI GARI							
Current Mailing Address:				New Mailing Address:			
3030 NW 19 MIAMI GARI							
FEI Number: 2	26-3893494	FEI Number Applied	d For () FEI Nur	nber Not Appli	cable () C	ertificate of Status Desire	d()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LOCURTO, VINCENT ESQ. 1451 WEST CYPRESS CREEK ROAD SUITE 300 FORT LAUDERDALE, FL 33309 US				GOIMBERT, EMMANUEL T,D 3820 NW 172 TERR. MIAMI GARDENS, FL 33055 US			
The above n		y submits this stateme	ent for the purpose o	of changing it	s registered offic	e or registered agent,	or both,
SIGNATURE: EMMANUEL GOIMBERT				09/08/2009			
	Electr	onic Signature of Reg	jistered Agent			Date	
	oaign Financ	193(2)(b), F.S., the corpoing Trust Fund ContributeCTORS:		•		O OFFICERS AND DII	RECTORS:
Name: Address:	AMILIEN, EM 7080 FILMOI			Title: Name: Address: City-St-Zip:	() Cr	nange()Addition	
Name: Address:	VP D ST. MERANT 14535 NE 12 MIAMI, FL 3	TH AVENUE		Title: Name: Address: City-St-Zip:	() Cr	nange () Addition	
Name: Address:	GOMBERT, E 3820 NW 17	() Delete EMMANUEL 2ND TERRACE IENS, FL 33055		Title: Name: Address: City-St-Zip:	T, D (X) CH GOIMBERT, EMM 3820 NW 172ND T MIAMI GARDENS,	ERRACE	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARVYN STERLING S,D 09/08/2009

() Change () Addition