


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90001 031 ***150.00

DOCUMENT # P93000039538					
1. Entity Name 1440 IMPORTS, INC.					
Principal Place of Business 3441 S.W. 29TH TERRACE MIAMI, FL 33133 US			Mailing Address 3441 S.W. 29TH TERRACE MIAMI, FL 33133 US		
2. Principal Place of Business 5557 NW 72ND AVE Suite, Apt. #, etc.			3. Mailing Address 5557 NW 72ND AVE. Suite, Apt. #, etc.		
City & State MIAMI FLORIDA.		City & State MIAMI FLORIDA.		4. FEI Number 65-0419406	
Zip 33166		Country DDC		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES INC 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000			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) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME VASQUEZ, AMALIA A STREET ADDRESS 15481 SW 47 TERRACE CITY-ST-ZIP MIAMI, FL 33185	TITLE VP <input type="checkbox"/> Delete NAME HERNANDEZ, ANSELMO STREET ADDRESS 825 BRICKELL BAY DR, STE #1042 CITY-ST-ZIP MIAMI, FL 33131		TITLE V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HERNANDEZ, ANSELMO STREET ADDRESS 1155 BRICKELL BAY DRIVE #511 CITY-ST-ZIP MIAMI, FLORIDA 33131	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ ANSELMO V. HERNANDEZ / 09.27.04. / 305-790-7892 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

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