2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000014858

1. Entity Name
F.J.A. IMPEX, INC.

Principal Place of Business	Mailing Address
5505 N. OCEAN BLVD.	5505 N. OCEAN BLVD.
#102	#102
OCEAN RIDGE, FL 33435	OCEAN RIDGE, FL 33435

DO NOT WRITE IN THIS SPACE

02272007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0487749	Not Applicable

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

6. Name and Address of Current Registered Agent

AMAGAT, JULES
5500 N. OCEAN BLVD.
#102
OCEAN RIDGE, FL 33435

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMAGAT, JULES
STREET ADDRESS	5505 N. OCEAN BLVD., #102
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000652033
03/12/07-80002-010 150.00

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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: _____ 2 27 07.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #