

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000014858

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



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

Mailing Address
5505 N. OCEAN BLVD.
#102
OCEAN RIDGE, FL 33435

DO NOT WRITE IN THIS SPACE

**FILED
Feb 06, 2008 8:00 am
Secretary of State**

02-06-2008 90033 033 ***150.00



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0487749	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #