## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000017993

Entity Name

FLORIDA EXPORTS & IMPORTS INC.



Principal Place of Business

FT. MYERS, FL 33912 US

Mailing Address

6600 INDUSTRIAL DR

2419 EAST MALL DR FORT MYERS, FL 33901

US

## FILED Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90155 029 \*\*\*150.00

40000.



DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0959927

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

VARSHNEY, ASHOK KUMAR 6291 THOMAS ROAD FT. MYERS, FL 33912

SIGNATURE: 1

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

No Cha-P

| 6. 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 tale         | f applicable. | (NOTE: Registe | red Agent signature            | required when reinstating) | DATE      |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution   |   |               |                | \$5.00 May Be<br>Added to Fees |                            |           |  |
| 10.   | OFFICERS AND DIRECTORS  |               |                |                                |                            |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>VARSHNEY, ASHOK KUMAR<br>6291 THOMAS ROAD<br>FT. MYERS, FL 33912 |               |                |                                |                            |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |               | -              |                                |                            |           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |               |                |                                | DO                         | NOT WRITE |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |               |                |                                | IN THIS SPACE              |           |  |
| NAME<br>STREET ADDRESS  |   |               |                |                                |                            |           |  |
| TITLE 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. |   |               |                |                                |                            |           |  |

MINE OF SIGNING OFFICER OR DIRECTOR