

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000040455

Entity Name: IMEXGO INTERNATIONAL, INC.

FILED
Jul 17, 2008
Secretary of State

Current Principal Place of Business:

7223 NW 43ST
MIAMI, FL 33166 US

New Principal Place of Business:

7901 NW 67 ST
MIAMI, FL 33166 US

Current Mailing Address:

10485 SW 130 CT
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0493705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, JOSE F
10485 SW 130TH CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GOMEZ, JOSE F
Address: 10485 SW 130TH CT
City-St-Zip: MIAMI, FL 33186

Title: VST () Delete
Name: GOMEZ, YOLANDA
Address: 10485 SW 130TH CT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOSE F GOMEZ

PSD

07/17/2008

Electronic Signature of Signing Officer or Director

_____ Date