2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90104 035 ***150.00

DOCUMENT # P95000003724

1. Entity Name
ALEXIM TRADING CORPORATION

40015140

Principal Place of Business	Mailing Address
7800 NW 46TH ST MIAMI, FL 33166 US	7800 NW 46TH ST MIAMI, FL 33166 US

01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0546942
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE BUSTAMENTE, ROSA F
6370 LAKE JUNE RD.
MIAMI LAKES, FL 33014

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD
NAME	BUSTAMENTE, ENRIQUE E
STREET ADDRESS	6370 LAKE JUNE RD.
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	VSD
NAME	DE BUSTAMENTE, ROSA F
STREET ADDRESS	6370 LAKE JUNE RD.
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Rosa F. de Bustamante 01/31/07 305/513-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400151140

Division of Corporations

Annual Report

Annual Report Help

Document Number
P95000003724

Business Entity Name
ALEXIM TRADING CORPORATION

FEI Number	650546942
FEI Number Status	◉ Listed Above ○ Applied For ○ Not Applicable
Certificate of Status Desired	○ Yes ◉ No $8.75 each
Election Campaign Financing Trust Fund Contribution	○ Yes ◉ No

Principal Place of Business

Address	7800 NW 46TH ST		
Suite, Apt. #, etc.			
City, State	MIAMI		FL
Zip Code & Country	33166	US	

Mailing Address

Address	7800 NW 46TH ST		
Suite, Apt. #, etc.			
City, State	MIAMI		FL
Zip Code & Country	33166	US	

Name and Address of Registered Agent

Name (Last, First, Middle, Title) BUSTAMANTE , ROSA , V ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 14550 FITZPATRICK RD

Suite, Apt. #, etc.

City, State MIAMI LAKES , FL

Zip Code & Country 33014 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PTD
Name (Last, First, Middle, Title)	BUSTAMANTE , ENRIQUE , E ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	14550 FITZPATRICK RD
City, State	MIAMI LAKES , FL
Zip Code & Country	33014
Title	VSD
Name (Last, First, Middle, Title)	BUSTAMANTE , ROSA , V ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	14550 FITZPATRICK RD
City, State	MIAMI LAKES , FL
Zip Code & Country	33014
Title	
Name (Last, First, Middle, Title)	, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	,
Zip Code & Country	
Title	

ATTACHMENT 40015140
#P95000003724

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title VSD

Officer/Director Signature Rosa L. de Bustamante

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset