2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000023271

1. Entity Name
F.T. IMPORT & EXPORT INC. GENERAL DISTRIBUTOR

Principal Place of Business	Mailing Address
2814 NW 17TH AVE.	2814 NW 17 AVE
MIAMI, FL 33142 US	MIAMI, FL 33142 US

DO NOT WRITE IN THIS SPACE
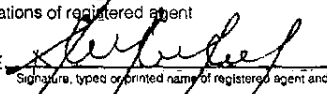
04262005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0564580	Not Applicable

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

6. Name and Address of Current Registered Agent
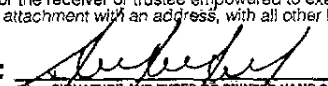
FRANCISCO DE LA CRUZ
1085 NW 25 ST.
MIAMI, FL 33127

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 _____   04/25/05

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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000339777 04/28/05-80090-006 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	DE LA CRUZ, FRANCISCO
STREET ADDRESS	1085 NW 25 ST.
CITY-ST-ZIP	MIAMI, FL 33127

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	

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 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.

SIGNATURE: _____   04/25/05

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