

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000012648

1. Entity Name
TOKAY IMPORT & EXPORT, INC.



Principal Place of Business
2600 S.W. THIRD AVENUE
SUITE 800
MIAMI, FL 33129

Mailing Address
2600 S.W. THIRD AVENUE
SUITE 800
MIAMI, FL 33129



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0649012

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACEVEDO, RAFAEL A
2600 S.W. THIRD AVENUE
SUITE 800
MIAMI, FL 33129

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000607265
01/31/07-80029-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACEVEDO, RAFAEL A
STREET ADDRESS	2600 S.W. THIRD AVENUE, SUITE 800
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	SD
NAME	GUTIERREZ, CYNTHIA
STREET ADDRESS	2600 SW 3RD AVE, SUITE 800
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VPD
NAME	ACEVEDO, RAFAEL A JR
STREET ADDRESS	819 PARADISO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1-24-07

305 856-7586

Date

Daytime Phone #