


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
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DOCUMENT # <b>P97000007774</b> 1. Entity Name <b>International Impex, Inc.</b>	
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FILED  
11 MAY 27 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # <b>12951 S.W. 134th Ct.</b>	3. Mailing Address <b>P.O. BOX 652503</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33186</b>	Country <b>U.S.A.</b>
Zip <b>33265-2503</b>	Country <b>U.S.A.</b>

CR2E034B (1/11)

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-0728443</b>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <b>Masood Atae-Naini</b> Street Address (P.O. Box Number is Not Acceptable) <b>12951 S.W. 134th Ct.</b> City <b>Miami</b> FL Zip Code <b>33186</b>	

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ATAEE-NAINI, MASOOD P.O. BOX 652503 MIAMI, FL 33265-2503</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/11-01014-006 \*\*\*150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **Masood Atae-Naini**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/11 (305) 252-1503  
DATE Daytime Phone #