

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90005 047 ***158.75

DOCUMENT # P97000027287

1. Entity Name
INTERNATIONAL EXPORT/IMPORT, INC.



Principal Place of Business Mailing Address
4348 CORAL HILLS DR 4348 CORAL HILLS DR
CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US

54056054



03042003 Chg-P CR2E034 (10/03)

4. FEI Number **65-0106779** Applied For
Not Applicable

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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
PATEL, JAYKUMAR
4348 CORAL HILLS DR
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
DST
PATEL, JAYKUMAR
STREET ADDRESS **4348 CORAL HILLS DR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**
TITLE NAME ☐ Delete
DP
PATEL, CHANDRALATA
STREET ADDRESS **4348 CORAL HILLS DR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **5-26-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Via Certified mail No. 7002-2030-0004 21220690

To: May 26, 04 attachment
54057054
#P97000027287
4 - Pages

Division of Corporation

P.O. Box 1500

Tallahassee

FL. 32302-1500

Ref: 2014 Corporation annual report

Dear Sir or Madam.

Attached herewith CK NO. 1031 for \$150.00
+ \$8.75 cert of status

Please sub that this Corporation
was formed in 1989. Please
check record and certify

Please ~~verify~~ Verify
FEI No. and Correct.

Thanks.



Note: I didn't
received Form
until May 04.