


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90040 018 \*\*\*150.00

**DOCUMENT # P97000074850**  
 1. Entity Name  
**IMPORT & EXPORT 7477, INC.**



Principal Place of Business Mailing Address  
**16375 N.E. 18 AVENUE, #314** **16375 N.E. 18 AVENUE, #314**  
**NORTH MIAMI BEACH FL 33162** **NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

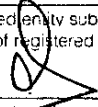
1st MOORE CR2E034 (10/07)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0778509** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VAZQUEZ-RODRIGUEZ, RAFAEL**  
**16375 N.E. 18 AVENUE, SUITE 314**  
**NORTH MIAMI BEACH FL 33162**

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  DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	VAZQUEZ-RODRIGUEZ, RAFAEL	
STREET ADDRESS	16375 N.E. 18 AVE., STE. 314	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	P	<input type="checkbox"/> Delete
NAME	VAZQUEZ-BARRET, RAFAEL	
STREET ADDRESS	16375 N.E. 18 AVE., STE. 314	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alejandro A. Vazquez-Rodriguez	
STREET ADDRESS	16375 N.E. 18 Ave, Ste. 314	
CITY-ST-ZIP	North Miami Beach FL 33162	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ-BARRET, RAFAEL	
STREET ADDRESS	16375 N.E. 18 Ave, Ste. 314	
CITY-ST-ZIP	North Miami Beach FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Directors.** **3-14-2008**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #