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Jun 14, 2004 8:00 am
Secretary of State
05-03-2004 90736 025 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/2

DOCUMENT # P97000090176

1. Entity Name

BUSINESS & IMPORT, INC.

66427797

MOORE CR2E034 (11/03)

Principal Place of Business
1149 S.W. 27TH AVENUE
STE. 305
MIAMI FL 33135

Mailing Address
1149 S.W. 27TH AVENUE
STE. 305
MIAMI FL 33135

2. Principal Place of Business	3. Mailing Address
1149 SW 27TH AVE #	1149 SW 27TH AVE
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205
City & State MIAMI FL	City & State MIAMI FL
Zip 33135 Country USA	Zip 33135 Country USA

4. FEI Number 65-0823051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEL VALLE, FRANCISCO L
1149 SW 27 AVE., SUITE 305
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1149 SW 27TH AVE #205

City MIAMI FL Zip Code 33135

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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALAS, JOSE 1149 SW 27 AVE., SUITE 305 MIAMI FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1149 SW 27TH AVE STE 205 MIAMI FL 33135 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BARANAO MARQUEZ, MARIA ANGELICA 1149 SW 27 AVE., SUITE 305 MIAMI FL 33135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] JUNE / 08 / 04

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

JOSE SALAS, PRESIDENT