2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000020017

1. Entity Name
IMEX PLUS, INC.

Jan 09
Sec

Principal Place of Business	Mailing Address
7916 N.W. 66TH STREET MIAMI, FL 33166	317 MALLARD RD WESTON, FL 33327

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0824514

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, LUIS A
317 MALLARD RD
WESTON, FL 33327

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, LUIS A
STREET ADDRESS	317 MALLARD ROAD
CITY-ST-ZIP	WESTON, FL 33327
TITLE	VPD
NAME	GARCIA, ELENA
STREET ADDRESS	317 MALLARD ROAD
CITY-ST-ZIP	WESTON, FL 33327
TITLE	SD
NAME	GONZALEZ, DAVID
STREET ADDRESS	317 MALLARD ROAD
CITY-ST-ZIP	WESTON, FL 33327
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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01/12/04-80001-006 158.75

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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: _____ LUIS A GONZALEZ President 01/06/04 954 217 3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #