2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 21, 2005 8:00 am Secretary of State DOCUMENT # P98000020017 1. Entity Name IMEX PLUS, INC. 03-21-2005 90082 002 ***158.75 Principal Place of Business Mailing Address 7916 N.W. 66TH STREET 317 MALLARD RD MIAMI, FL 33166 WESTON, FL 33327 2. Principal Place of Business 3. Mailing Address 2688 CENTER COURT DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03132005 Cha-P CR2E034 (10/03) City & State City & State 4. FE! Number Applied For WESTON, FLORIDA 65-0824514 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired XX 33332 USA Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ LUIS A **GONZALEZ. LUIS A** ddress (P.O. Box Number is Not Acceptable) 317 MALLARD RD 2688 CENTER COURT DRIVE WESTON, FL 33327 WESTON FL 33332 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 obligation LUIS GONZALEZ President **SIGNATURE** 03/14/2005 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE XXDelete TITLE Change ☐ Addition GONZALEZ, LUIS A MAME NAME GONZALEZ LUIS A STREET ADDRESS 317 MALLARD ROAD STREET ADDRESS 2688 CENTER COURT DRIVE CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP WESTON, FL 33332 TITLE **X** Delete TITLE Change ☐ Addition GARCIA, ELENA NAME GARCIA ELENA STREET ADDRESS 317 MALLARD ROAD STREET ADDRESS 2688 CENTER\$ COURT DRIVE CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP WESTON FL 33332 **XX**Delete ☐ Addition GONZALEZ, DAVID NAME NAME GONZALEZ DAVID STREET ADDRESS 317 MALLARD ROAD STREET ADDRESS 2688 CENTER COURT DRIVE CITY-ST-ZIP WESTON: FL-33327 CITY-ST-ZIP* WESTON, FL 33332 TOTAL ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 supplied enter the state 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 sustee embowered 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 anaddress, with all other like empowered.

FILED

SIGNATURE: GONZALEZ President 03/14/2005 9542173720

, with all other like empowered