
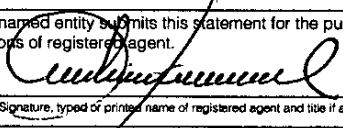
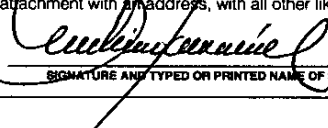


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90082 002 ***158.75

DOCUMENT # P98000020017			
1. Entity Name IMEX PLUS, INC.			
Principal Place of Business 7916 N.W. 66TH STREET MIAMI, FL 33166		Mailing Address 317 MALLARD RD WESTON, FL 33327	
2. Principal Place of Business		3. Mailing Address 2688 CENTER COURT DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WESTON, FLORIDA	
Zip		Zip 33332	
Country		Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, LUIS A 317 MALLARD RD WESTON, FL 33327		Name GONZALEZ LUIS A Street Address (P.O. Box Number is Not Acceptable) 2688 CENTER COURT DRIVE City WESTON FL Zip Code 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 obligations of registered agent.			
SIGNATURE 		LUIS A GONZALEZ President 03/14/2005	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GONZALEZ, LUIS A 317 MALLARD ROAD WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ LUIS A 2688 CENTER COURT DRIVE WESTON, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, ELENA 317 MALLARD ROAD WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA ELENA 2688 CENTERS COURT DRIVE WESTON, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, DAVID 317 MALLARD ROAD WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ DAVID 2688 CENTER COURT DRIVE WESTON, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		LUIS A GONZALEZ President 03/14/2005 9542173720	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	