


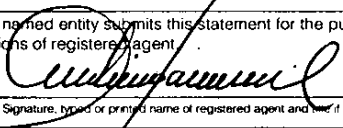
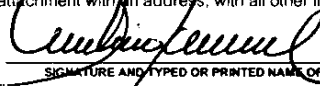
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90241 003 ***158.75

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DOCUMENT # P98000020017					
1. Entity Name IMEX PLUS, INC.					
Principal Place of Business 7916 N.W. 66TH STREET MIAMI, FL 33166			Mailing Address 2688 CENTER COURT DR WESTON, FL 33332		
2. Principal Place of Business - No P.O. Box # 10805 NW 29 STREET		3. Mailing Address 1225 COSTAL CREEK COURT			
Suite, Apt. #, etc. MIAMI FL		Suite, Apt. #, etc. ORLANDO FL			
City & State		City & State			
Zip 33178		Country DADE		Zip 32828	
		Country ORANGE		4. FEI Number 65-0824514	
				Applied For Not Applicable	
				5. Certificate of Status Desired XXX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GONZALEZ, LUIS A 2688 CENTER COURT DR WESTON, FL 33332			Name GONZALEZ, LUIS A		
			Street Address (P.O. Box Number is Not Acceptable) 1225 COSTAL CREEK COURT		
			ORLANDO		
			City ORLANDO		Zip Code FL 32828
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		01/04/2007
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 2688 CENTER COURT DR WESTON, FL 3332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, LUIS A 1225 COSTAL CREEK COURT ORLANDO FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, ELENA 2688 CENTER COURT DDR WESTON, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, ELENA 1225 COSTAL CREEK COURT ORLANDO, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, DAVID 2688 CENTER COURT DR FORT LAUDERDALE, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, DAVID 1225 COSTAL CREEK COURT ORLANDO, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOID	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOID	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOID	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			LUIS A. GONZALEZ		01/04/2007 954 663 1226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #