


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000020017
 1. Entity Name
IMEX PLUS, INC.



Principal Place of Business
**10805 NW 29TH ST
 MIAMI, FL 33178**

Mailing Address
**1225 COSTAL CREEK CT
 ORLANDO, FL 32828**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0824514	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GONZALEZ, LUIS A
 1225 COSTAL CREEK CT
 ORLANDO, FL 32828**

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$650.00**

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

000000783742
 01/16/08-80027-004 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, LUIS A 1225 COSTAL CREEK CT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, ELENA 1225 COSTAL CREEK CT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, DAVID 1225 COSTAL CREEK CT ORLANDO, FL 32828
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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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* **LUIS A. GONZALEZ - PRESIDENT 01-08-08** **954-6631226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #