2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000041974

1. Entity Name
FACET EXPORT & CARGO SERVICES, INC.

Principal Place of Business	Mailing Address
5235 S.W. 139TH COURT MIAMI, FL 33175 US	5628 EAGLE LAKE DRIVE PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

02092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0836053	Not Applicable

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

6. Name and Address of Current Registered Agent

ROWAN, JAMES P
5628 EAGLE LAKE DRIVE
PALM BEACH GARDENS, FL 33418

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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 _____
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, 2007 Fee will be $550.00

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

U00000649032
03/07/07-80032-024 150.00

10.	OFFICERS AND DIRECTORS		
TITLE	PT		
NAME	ROWAN, JAMES P		
STREET ADDRESS	5628 EAGLE LAKE DRIVE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
TITLE	VS		
NAME	ROWAN, CAROL J		
STREET ADDRESS	5628 EAGLE LAKE DRIVE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
TITLE			
NAME			
STREET ADDRESS			
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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: _____ 2-19-2007   561-694-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #