
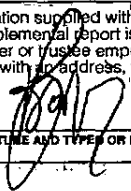


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 10, 2004 08:00
Secretary of Stat**

DOCUMENT # P98000081773 1. Entity Name IMEXPRO CORPORATION		
Principal Place of Business 7946 EAST DRIVE # 202 NORTH BAY VILLAGE, FL 33141	Mailing Address 7946 EAST DRIVE # 202 NORTH BAY VILLAGE, FL 33141	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LIBERATORE, MICHAEL J 801 BRICKELL AVE, 9TH FLOOR MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFANELLI, WALTER V 7946 EAST DRIVE # 202 MIAMI BEACH, FL 33141	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZIO, PRISCO H 7946 EAST DRIVE # 202 MIAMI BEACH, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME 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)(f), 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:  Prisco Fazio		Date: 09/06/04 Daytime Phone #: 305-775-9000



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0865910** Applied For
Not Applicable

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

1100000172088
09/10/04-80002-017 150.00