


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2006 8:00 am
Secretary of State

03-03-2006 90115 029 ***150.00

DOCUMENT # P98000082885 1. Entity Name GINA'S IMPORT, EXPORT & TRAVEL SERVICE INC.					
Principal Place of Business 1740 PALM AVE. #9 HIALEAH FL 33010			Mailing Address 1740 PALM AVE. #9 HIALEAH FL 33010		
2. Principal Place of Business 1800 Palm ave			3. Mailing Address 1800 Palm Ave.		
Suite, Apt. #, etc. 3			Suite, Apt. #, etc. 3		
City & State Hialeah FL		City & State Hialeah FL		4. FEI Number 52-2123533	
Zip 33014		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent ALONSO, LUISA 850 N.W. 44TH AVENUE MIAMI FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 fee if applicable. (NOTE: Registered Agent signature required when consisting)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, LUISA 850 N.W. 44TH AVENUE MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 4/30/06 <small>Date</small> </div> <div> 305 888 2500 <small>Daytime Phone #</small> </div> </div>		