

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90207 031 ***150.00

14005970



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0950164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P99000078739

1. Entity Name
C. & S. EXPORT & IMPORT INCORPORATED



Principal Place of Business P.O. BOX 669113 MIAMI, FL 33166	Mailing Address P.O. BOX 669113 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CONTRERAS, J FERNANDO
 9783 NW 126 TERR
 HIALEAH, FL 33018**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTRERAS, FERNANDO 9783 N W 126 TER HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLANO, CARMEN 9783 NW 126 TERR HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date **4/10/05** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR