

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000082786**

1. Entity Name  
**LIGI IMPORT CORP.**



Principal Place of Business  
**8201 NW 6TH STREET  
#3  
MIAMI, FL 33166**

Mailing Address  
**P.O. BOX 52-2153  
MIAMI, FL 33152-2153**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0958216**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FERREIRA, CARMEN C ESQ.  
6262 BIRD RD., #2C  
MIAMI, FL 33155**

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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 \_\_\_\_\_

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

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	BERTUCCIO, GINO
STREET ADDRESS	8201 NW 64TH ST #3
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VPT
NAME	BERTUCCIO, MARIA CRISTINA
STREET ADDRESS	8201 NW 64TH ST #3
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	M
NAME	BLANCO, JORGE
STREET ADDRESS	8201 NW 64TH STREET #3
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000578148  
01/09/07-80017-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GINO BERTUCCIO**

**01-09-07**

Date

**305-4710988**

Daytime Phone #