

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000100332

1. Entity Name
COLLAN IMPORT & EXPORT INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 PM 12:27

Principal Place of Business
9551 N.W. 79TH AVE.
#4
HIALEAH GARDENS, FL 33016

Mailing Address
9551 N.W. 79TH AVE.
#4
HIALEAH GARDENS, FL 33016

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0962529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOSE, FELIX
887 W. 29TH ST., APT. 3
HIALEAH, FL 33012

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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, 2004 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	PD GOSE, FELIX 887 W. 29TH ST., APT. 3 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALVERDE, JOSE 887 W. 29TH ST., APT. 3 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/04--01010--014 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #