

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90069 004 ***150.00

DOCUMENT # P99000103390

1. Entity Name
FEIN IMPEX, INC.



Principal Place of Business Mailing Address
1321 NORTH FEDERAL HIGHWAY 1321 NORTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020
18000 NW 2nd Ave 18000 NW 2nd Ave
Miami, FL 33169 Miami, FL 33169
2. Principal Place of Business - No P.O. Box # 3. Mailing Address
18000 NW 2nd Ave 18000 NW 2nd Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.



03132007 Chg-P CR2E034 (12/06)

City & State FL City & State FL 4. FEI Number 65-0965214 Applied For Not Applicable
Zip 33169 Country Zip 33169 Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
KISS, JOSEF L. NANDOR K. NAGY
1321 N. FEDERAL HWY. 18000 NW 2nd Ave
HOLLYWOOD, FL 33021 Miami FL 33169
City Miami FL 33169

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 NANDOR K. NAGY Handor K. Nagy 3/13/07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEIN, YEAN		NAME		
STREET ADDRESS	1321 NORTH FEDERAL HIGHWAY		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEIN, ROSEMARY		NAME		
STREET ADDRESS	1321 NORTH FEDERAL HIGHWAY		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 all other like empowered.

SIGNATURE: Rosemary Fein Dir. 3/13/07 3056548101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #