

FILED
Jun 27, 2006 8:00 am
Secretary of State

5/4/

05-04-2006 90256 039 ***158.75

2006 FOP PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 000103654 1. Entry Name SOUTH FLORIDA EXPORT & IMPORT CORP.																																		
Principal Place of Business 4854 S.W. 75TH AVE. MIAMI, FL 33155	Mailing Address 4854 S.W. 75TH AVE. MIAMI, FL 33155																																	
DO NOT WRITE IN THIS SPACE																																		
2. Name and Address of Current Registered Agent PLANA, JORGE 4854 S.W. 75TH AVE MIAMI, FL 33155		DO NOT WRITE IN THIS SPACE																																
3. The above named entry 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 agree to, the obligations of registered agent.																																		
SIGNATURE _____ Signature, brand or service name of registered agent who are a representative (FIC 701) Registered Agent signature required when not holding																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		4. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 may be Added to Fee																																
10. OFFICERS AND DIRECTORS																																		
<table border="1"><tr><td>TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>PLANA, JORGE</td></tr><tr><td>STREET ADDRESS</td><td>4854 S.W. 75TH AVE.</td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33155</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	PD	NAME	PLANA, JORGE	STREET ADDRESS	4854 S.W. 75TH AVE.	CITY-ST-ZIP	MIAMI, FL 33155	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 as changed, or on an attachment with an address, both of which are empowered.																																		
SIGNATURE: _____ SIGNATURE OF FIC 7010 OFFICER, NAME OR SERVICE OFFICER OR DIRECTOR																																		

66020889



04202006 No Chg-P CR2E034 (11/06)

4. FEI Number
66-0984689
5. Certificate of Status Desired ☒ \$8.75 Additional
Fees Required

DO NOT WRITE
IN THIS SPACE

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