


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-28-2005 90042 026 ***150.00

DOCUMENT # S37383 1. Entity Name B & J IMPORT & EXPORT, INC.					
Principal Place of Business 8404 SW 40 STREET MIAMI, FL 33155 US			Mailing Address 8404 SW 40 STREET MIAMI, FL 33155 US		
2. Principal Place of Business 10720 CARIBBEAN BLVD Suite, Apt. #, etc. 440		3. Mailing Address 10720 CARIBBEAN BLVD Suite, Apt. #, etc. 440			
City & State MIAMI, FL 33189		City & State MIAMI, FL 33189			
Zip 	Country	Zip	Country		
6. Name and Address of Current Registered Agent CAROLE DE LA TORRE BUENO 8404 SW 40 STREET MIAMI, FL 33155			7. Name and Address of New Registered Agent Name CAROLE DE LA TORRE BUENO Street Address (P.O. Box Number is Not Acceptable) 10720 CARIBBEAN BLVD SUITE 440 City MIAMI <div style="float: right;"> FL Zip Code 33189 </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<div style="float: right;"> \$5.00 May Be Added to Fees </div> <div style="clear: both;"></div> <div style="text-align: right; font-family: cursive;"> <i>check. # 2601</i> <i>\$150.00</i> </div>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT BUENO, JULIO DE LA TORRE <input type="checkbox"/> Delete 8404 SW 40 STREET MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10720 CARIBBEAN BLVD, SUITE 440 MIAMI, FL 33189	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BUENO, CAROLE DE LA TORRE <input type="checkbox"/> Delete 8404 SW 40 STREET MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10720 CARIBBEAN BLVD, SUITE 440 MIAMI, FL 33189	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Carole de la Torre Bueno*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-05 281-313-5995
Date Daytime Phone #

Carole de la Torre Bueno