

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90085 006 ***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**

50013271



2. Principal Place of Business
**10720 CARIBBEAN BLVD.
Suite, Apt. #, etc.
440**

3. Mailing Address
**10720 CARIBBEAN BLVD
Suite, Apt. #, etc.
440**

04102006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0269194

Applied For
Not Applicable

Zip
33189

Country
MIAMI DADE

Zip
33189

Country
MIAMI DADE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAROLE DE LA TORRE BUENO
10720 CARIBBEAN BLVD
SUITE 440
MIAMI, FL 33189**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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
**DPT
BUENO, JULIO DE LA TORRE
10720 CARIBBEAN BLVD, SUITE 400
MIAMI, FL 33189** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BUENO, CAROLE DE LA TORRE
10720 CARIBBEAN BLVD, SUITE 400
MIAMI, FL 33189** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

Daytime Phone #

281-313-5995