# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2009**
**Secretary of State**

DOCUMENT# S45070

**Entity Name:** IMPEX, INC.

**Current Principal Place of Business:**

11165-4TH STREET EAST
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

11165-4TH STREET EAST
TREASURE ISLAND, FL 33706

**New Mailing Address:**

**FEI Number: 59-3059240** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTI, HORST
11165-4TH STREET EAST
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

MARTI, HORST D
11165-4TH STREET EAST
TREASURE ISLAND, FL 33706 US

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.

SIGNATURE: MARTI HORST 03/30/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete
Name: MARTI, HORST,
Address: 11165 4TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL

Title: V ( ) Delete
Name: MARTI, THOMAS,
Address: 11165 4TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL

Title: V (X) Delete
Name: HASLER, MARKUS,
Address: 11165 4TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: MARTI, HORST D
Address: 11165 4TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL

Title: D (X) Change ( ) Addition
Name: HASLER, MARKUS D
Address: 11165 4TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HASLER MARKUS D 03/30/2009
Electronic Signature of Signing Officer or Director Date