

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90035 020 \*\*\*150.00

**DOCUMENT # V04318**

1. Entity Name  
**IMPEX SERVICES GROUP INC.**



Principal Place of Business

4160 W. 16TH AVE.  
SUITE 402  
HIALEAH, FL 33012

Mailing Address

4160 W. 16TH AVE.  
SUITE 402  
HIALEAH, FL 33012

**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0303781**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES, JUAN E  
4160 W. 16TH AVE.  
SUITE 402  
HIALEAH, FL 33012

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ~~PSIII~~  
NAME ~~GUAREZMA, MELIDA S~~  
STREET ADDRESS ~~45360 S.W. 42 TERR.~~  
CITY-ST-ZIP ~~MIAMI, FL 33186~~

TITLE PD  
NAME VIRGINIO G. FORTE  
STREET ADDRESS 7651 W. 36 Ave.  
CITY-ST-ZIP HIALEAH, FL 333018

TITLE STD  
NAME MIRIAM GRILLO  
STREET ADDRESS 7651 W. 36 Ave.  
CITY-ST-ZIP HIALEAH, FL 33018

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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IN THIS SPACE**

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:**

*Virginio G. Forte*

Virginio G. Forte  
President

1-21-05

(305) 635-3950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #