



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # V04318 1. Entity Name IMPEX SERVICES GROUP INC.				
Principal Place of Business 2815 NW 7 AVENUE MIAMI, FL 33127		Mailing Address 2815 NW 7 AVENUE MIAMI, FL 33127		
DO NOT WRITE IN THIS SPACE		 01042007 No Chg-P CR2E034 (11/05)		
		4. FEI Number 65-0303781		
		Applied For <input type="checkbox"/> Not Applicable		
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FORTE, VIRGINIO G 7651 W 36 AVE. APT. #5 HIALEAH, FL 33018		DO NOT WRITE 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 <u><i>[Signature]</i></u> 01/09/07 DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		 U00000585453 01/16/07-80012-025 158.75 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTE, VIRGINIO G 7651 WEST 36 AVENUE APT. #5 HIALEAH, FL 33018			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRILLO, MIRIAM 7651 WEST 36 AVENUE APT. #5 HIALEAH, FL 33018			
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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 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				