


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90310 012 ***158.75

DOCUMENT # **F66854**
1. Entity Name **Port Dixie Imports Inc**
PO Box 572
New York, N.Y. 10156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business New York		3. Mailing Address Port Dixie Imports Inc	
Suite, Apt. #, etc. P.O. Box 572		Suite, Apt. #, etc. PO Box 572	
City & State New York		City & State New York	
Zip 10156	Country N.Y.	Zip 10156	Country N.Y.

50043889

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2180-972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name Don Anhears			
Street Address (P.O. Box Number is Not Acceptable) 200 West #301			
City Fort Walton, Beach FL			
Zip 32548			

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 _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President V.S. Pedone, Colonel, USAF (Ret) P.O. Box 572 New York, N.Y.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **V.S. Pedone, Colonel, USAF (Ret)** **12 April 05** **212-532-1136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)