2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90040 036 ***158.75

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1. Entity Name
LAUREATE IMPORTS COMPANY

Principal Place of Business	Mailing Address
3590 CHEROKEE STREET 101A KENNESAW, GA 30144 US	3590 CHEROKEE STREET 101A KENNESAW, GA 30144 US

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1918862
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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: Nelda M. Adams
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	PD
NAME	PENGOV, MATEVZ
STREET ADDRESS	1000 LJUBLJANA
CITY-ST-ZIP	FRANKOPANSKA II, SL
TITLE	VS
NAME	FUGINA, LIJANA
STREET ADDRESS	1000 LJUBLJANA
CITY-ST-ZIP	FRANKOPANSKA II, SL
TITLE	VP
NAME	SCHERMERHORN, JOHN
STREET ADDRESS	10335 OLD PRINCESS ANNE RD
CITY-ST-ZIP	PRINCESS ANNE, MD
TITLE	T
NAME	ADAMS, NELDA N
STREET ADDRESS	5755 JACOBS ROAD
CITY-ST-ZIP	ACWORTH, GA 30102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nelda M. Adams 01/04/05 7704271010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #