

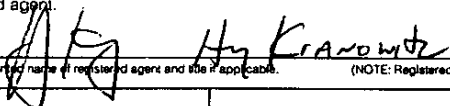



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90099 012 ***150.00

DOCUMENT # F66854 1. Entity Name PORT DIXIE IMPORTS, INC.					
Principal Place of Business P.O. BOX 572 NEW YORK, NY 10156			Mailing Address P.O. BOX 572 NEW YORK, NY 10156		
2. Principal Place of Business - No P.O. Box # 120 EAST 34TH STREET Suite, Apt. #, etc. 11-H City & State NEW YORK, NY Zip 10016		3. Mailing Address 120 EAST 34TH STREET Suite, Apt. #, etc. 11-H City & State NEW YORK, NY Zip 10016			
4. FEI Number 59-2180972		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04192007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ANCHORS, C. LEDON 200 W #34 FT. WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Hy KRANOWITZ Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DR., STE 500 City FORT LAUDERDALE FL Zip Code 33304		
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  Hy KRANOWITZ DATE 4/24/07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDONE, COLOUEL P O BOX 572 NEW YORK, NY 10156	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEDONE, STEPHEN V. 909 MAR WALT DR., #1014 FT WALTON BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEDONE, STEPHEN V. 35 WEST 82ND ST., APT 5B NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERRIE DAVIS 120 EAST 34TH STREET, APT 11-H NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  MERRIE L. DAVIS DATE 4/24/07 DAYTIME PHONE # 917-626-0783 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					