

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-12-2008 90032 025 \*\*\*158.75

**FILED** F07000001584

2008 MAY 28 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/07)

DOCUMENT # F07000001584					
1. Entity Name GARDEN STATE FIREWORKS, INC.					
Principal Place of Business 383 CARLTON ROAD MILLILNGTON NJ 07946			Mailing Address 383 CARLTON ROAD MILLILNGTON NJ 07946		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>22-2896574</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANTORE, AUGUST N SR 6873 JOEJEFF ST NORTH PORT FL 34286			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANTORE, NUNZIO J		NAME		
STREET ADDRESS	435 CARLTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MILLINGTON NJ 07946		CITY-ST-ZIP		
TITLE	CV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANTORE, AUGUST N SR		NAME		
STREET ADDRESS	202 GARFIELD ST		STREET ADDRESS		
CITY-ST-ZIP	BERKELEY HEIGHTS NJ 07922		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DESMELYK, FRANCES		NAME		
STREET ADDRESS	205 SUMMIT AVE		STREET ADDRESS		
CITY-ST-ZIP	GILLETTE NJ 07933		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>August N. Santore SR</u>		AUGUST N. SANTORE SR.		FEBRUARY 15, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	