


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90040 036 ***158.75

DOCUMENT # 630120	
1. Entity Name LAUREATE IMPORTS COMPANY	

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

00413003



DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1918862	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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**

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: *Nelda M. Adams* (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENGOV, MATEVZ 1000 LJUBLJANA FRANKOPANSKA II, SL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FUGINA, LJIANA 1000 LJUBLJANA FRANKOPANSKA II, SL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHERMERHORN, JOHN 10335 OLD PRINCESS ANNE RD PRINCESS ANNE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, NELDA N 5755 JACOBS ROAD ACWORTH, GA 30102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 NAMES OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #