

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 630120

FILED
Mar 25, 2008
Secretary of State

Entity Name: LAUREATE IMPORTS COMPANY

Current Principal Place of Business:

3590 CHEROKEE STREET
101A
KENNESAW, GA 30144 US

New Principal Place of Business:

Current Mailing Address:

3590 CHEROKEE STREET
101A
KENNESAW, GA 30144 US

New Mailing Address:

FEI Number: 59-1918862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JANEZ, ZOBEC
Address: TRZAGKA CESTA 13Z
City-St-Zip: LJUBLJANA, SLOVENIA, 1000

Title: VS () Delete
Name: VALENTINCIC, ANDREJ
Address: TRAZASKA CEST 13Z
City-St-Zip: LJUBLJANA, SLOVENIA, 1000

Title: VP () Delete
Name: SCHERMERHORN, JOHN
Address: 10335 OLD PRINCESS ANNE RD
City-St-Zip: PRINCESS ANNE, MD

Title: T () Delete
Name: ADAMS, NELDA M
Address: 5755 JACOBS ROAD
City-St-Zip: ACWORTH, GA 30102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELDA M. ADAMS

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03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date