

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 630120

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: LAUREATE IMPORTS COMPANY

**Current Principal Place of Business:**

3590 CHEROKEE STREET  
STE 101A  
KENNESAW, GA 30144 US

**New Principal Place of Business:**

**Current Mailing Address:**

3590 CHEROKEE STREET  
STE 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:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
STE 101  
TALLAHASSEE, FL 323012960 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: VP (X) Change ( ) Addition  
Name: SCHERMERHORN, JOHN  
Address: 10335 OLD PRINCESS ANNE RD  
City-St-Zip: PRINCESS ANNE, MD 21853 US

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

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

MS

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date