04/27/2004 01:46 9548621476 ACCOUNTING (

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91217 013 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003105

1. Entity Name
DOUBLE EAGLE IMPORTS, INC.

Principal Place of Business	Mailing Address
PO BOX 171385 HIALEAH, FL 33017	PO BOX 171385 HIALEAH, FL 33017

24066583

04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0398677
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HART, GREGORY KENT
11440 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONCADA, CELMA
STREET ADDRESS	CALLE ABEL BRAVO, OBARRIO #7, APARTADO
CITY-ST-ZIP	872433, ZONA 7 R. DE P.,
TITLE	VP
NAME	PEREZ, GLADYS
STREET ADDRESS	CALLE ABEL BRAVO, OBARRIO #7, APARTADO
CITY-ST-ZIP	872433, ZONA 7 R. DE P.,
TITLE	S
NAME	LORENZO, EDITH
STREET ADDRESS	CALLE ABEL BRAVO, OBARRIO #7, APARTADO
CITY-ST-ZIP	872433, ZONA 7 R. DE P.,
TITLE	T
NAME	HART, GREGORY KENT
STREET ADDRESS	1086 SW 158 WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
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: _____ 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #