


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F07000002893</b> 1. Entity Name <b>VERDONI IMPORTS INC.</b>	
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Principal Place of Business <b>532 LAFAYETTE AVE. HAWTHORNE, NJ 07506</b>	Mailing Address <b>532 LAFAYETTE AVE. HAWTHORNE, NJ 07506</b>
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01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3451475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MARTINEZ, MAGGIE 3018 NW 72ND AVE. MIAMI, FL 33122</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERDONI, ANTHONY 42 CENTRAL AVE. LODI, NJ 07644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONGO, JOHN 404 BOSTON BLVD. SEA GIRT, NJ 08750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRUZZO, FRANK 601 SANDY LANE BRIELLE, NJ 08730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REGAN, JOHN 32 PAMELA RD. CORTLANDT MANOR, NY 10567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAIN, KENNETH 172 RUMSON RD. RUMSON, NJ 07760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABELLI, MATTHEW 15 GRAMATAN CT. BRONXVILLE, NY 10708

U00000920544  
05/14/08-80048-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ANTHONY VERDONI PRESIDENT 4/21/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

973-636-0800