


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F88111**  
 1. Entity Name  
 BILL SEIDLE IMPORTS, INC.



Principal Place of Business      Mailing Address  
 2900NW. 36 ST      2900 NW 36TH ST.  
 MIAMI, FL 33142 US      MIAMI, FL 33142 US

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2200654      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIDLE, MICHAEL A  
 2757 NW 36TH STREET  
 MIAMI, FL 33142

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SEIDLE, MICHAEL
STREET ADDRESS	2900 NW 36TH ST
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	DP
NAME	SEIDLE, WILLIAM D
STREET ADDRESS	2900 NW. 36 ST
CITY - ST - ZIP	MIAMI, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000428360  
 02/21/06-80043-025 150.00

**DO NOT WRITE IN THIS SPACE**

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: Michael A. Seidle      1-10-06      305-677-8005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #