2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 08:00 AM Secretary of State

| DOCUMENT # G37120 1. Entity Name BLACK FOREST IMPORTS, INC. | | | Secretary of State | | |
|---|---|-------|-------------------------------|--|---|
| Principal Place of Business Mailing Address 1216 SOUTH DIXIE HWY. EAST POMPANO BEACH, FL 33060 Mailing Address 1216 SOUTH DIXIE HWY. EAST POMPANO BEACH, FL 33060 | | | | | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 01262005 No Chg-P CR2E034 (10/03) 4. FEI Number | |
| MORELLO, ANTHONY R 1216 SOUTH DIXIE HIGHWAY, EAST POMPANO BEACH, FL 33060 | | | 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 account the obligations of registered agent. SIGNATURE Signature, typed or printed name of egistered agent and other applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | 00 May Be ad to Fees | |
| 10. | OFFICERS AND DIRE | CTORS | <u> </u> | ····· | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MORELLO, ANTHONY R. 1216 S. DIXIE HWY. EAST POMPANO BEACH, FL 33060 | -i | | | U00000209716 02/02/05-80053-006 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 02/02/05-80053-006 150.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ~ | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 | | | | | |