

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90277 043 \*\*\*150.00

**DOCUMENT # G50757**

1. Entity Name  
**MALLARY WORLD IMPORTS, INC.**



Principal Place of Business  
**1249 STIRLING ROAD  
DANIA, FL 33004**

Mailing Address  
**1249 STIRLING ROAD  
DANIA, FL 33004**



01302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2311284**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**ALLAN I KRUGER  
2700 W. CYPRESS CREEK RD  
STE D-135  
FT LAUDERDALE, FL 33309**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD
NAME	KAPLAN, HELEN
STREET ADDRESS	2806 NO 46TH AVE., #D-239
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	STD
NAME	KAPLAN, LAWRENCE
STREET ADDRESS	2806 NO 46TH AVE., #D-239
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/04**

Date

**954-927-4569**

Daytime Phone #