

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J36438**

**1. Entity Name**  
**SWEDISH IMPORTS REPAIR AND SERVICE, INC.**



**Principal Place of Business**  
4748 NE 12TH AVE.  
FORT LAUDERDALE, FL 33334

**Mailing Address**  
4748 NE 12TH AVE.  
FORT LAUDERDALE, FL 33334



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-2714564

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BASSANO, RALPH  
1311 NORTHEAST 46TH STREET  
FORT LAUDERDALE, FL 33334

**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**  
BASSANO, RALPH  
**STREET ADDRESS**  
1311 NE 46TH STREET  
**CITY-ST-ZIP**  
FT LAUDERDALE, FL

**TITLE**  
SD  
**NAME**  
BASSANO, DOROTHY  
**STREET ADDRESS**  
1311 NE 46TH STREET  
**CITY-ST-ZIP**  
FT LAUDERDALE, FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000061824  
02/23/04-80095-017 150.00

**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

2-20-04 954-772-0004

Date

Daytime Phone #