


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90441 023 \*\*\*150.00

**DOCUMENT # P01000000032**

1. Entity Name  
**DUTCH RHYTHAM IMPORTS, INC.**



Principal Place of Business      Mailing Address  
**107 HICKORY LOOP**      **107 HICKORY LOOP**  
**OCALA, FL 34472**      **OCALA, FL 34472**

**14016271**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
        **KANAALSTRAAT 21-3Hg**

01142004      Chg-P      CR2E034 (10/03)

City & State      City & State  
        **AMSTERDAM**

4. FEI Number      Applied For  
**NOT APPLICABLE**       Not Applicable

Zip      Country      Zip      Country  
**1054 WX**      **THE NETHERLANDS**

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

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

**7. Name and Address of Registered Agent**

~~BRONCHEL, NICHOLAS~~  
~~107 HICKORY LOOP~~  
~~OCALA, FL 34472~~ **NEW ADDRESS**

Name **BRONCHEL, NICHOLAAS**

Street Address (P.O. Box Number is Not Acceptable)  
**22330 HWY 491 NORTH**

City **MICANOPY**      FL      Zip Code **32667**

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D**       Delete  
 NAME **BRONCHEL, E.R.**  
 STREET ADDRESS **KANAALSTRAAT 21-3 1054 WX AMSTERDAM**  
 CITY-ST-ZIP **THE NETHERLANDS,**

TITLE       Change       Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**JANUARI 30-2004**      80-33-20-6830326  
 Date      Daytime Phone #