
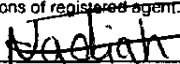
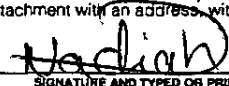


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-05-2004 90037 007 ***158.75

DOCUMENT # P01000077958			
1. Entity Name NADIA'S IMPORT CO			
Principal Place of Business 9149 NW 38 DRIVE CORAL SPRINGS FL 33065		Mailing Address 9149 NW 38 DRIVE CORAL SPRINGS FL 33065	
2. Principal Place of Business 7561 LADSON TERRACE		3. Mailing Address 7561 LADSON TERRANCE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WORTH, FL.		City & State LAKE WORTH, FL.	
Zip 33467	Country West Palm	Zip 33467	Country West Palm
6. Name and Address of Current Registered Agent STUPARITZ, ALAN D 900 E ALTANTIC BLVD STE 17 POMPANO BEACH FL 33060		7. Name and Address of New Registered Agent Name NADIAH N. ALDARDANGI Street Address (P.O. Box Number is Not Acceptable) 7561 LADSON TERRACE City LAKE WORTH FL Zip Code 33467	
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  NADIAH ALDARDANGI, PSTO 4-17-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD ALDARDANGI, NADIAH N 9149 NW 38 DRIVE CORAL SPRINGS FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Nadiah Aldardangi		Date 4/9/2004 Daytime Phone # 561-966 2916	

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MOORE CR2E034 (11/03)

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