


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90029 048 ***150.00

DOCUMENT # P02000009037

1. Entity Name
FERRARI TEXTILES CORPORATION



Principal Place of Business
 1510 SW 5TH COURT
 POMPANO BEACH, FL ~~33063~~
 33069

Mailing Address
 1510 SW 5TH COURT
 POMPANO BEACH, FL ~~33063~~
 33069

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip **33069** Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip **33069** Country

02092004 Chg-P **CR2E034 (10/03)**

4. FEI Number
61-1375884 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
MCGILVRAY, ROBERT
2911 NE 47TH ST.
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

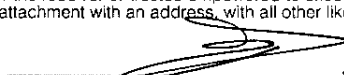
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRARI, SEBASTIAN 21 BP54 3811 LATOUR DU PIN, FRANCE, →	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRARI, ROMAIN 21 BP54 3811 LATOUR DU PIN, FRANCE, →	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PHAM-TRANG-HOA- 21 BP54 3811 LATOUR DU PIN, FRANCE, →	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM MCGILVRAY, ROBERT 1510 SW 5TH COURT POMPANO BEACH, FL 33069 →	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORPORATE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	→	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ZONE IND. BP 54		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ZONE IND. BPS4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ZONE IND. BPS4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MCGILVRAY ROBERT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CORPORATE COORDINATOR DELPHINE VIAL 1510 SW 5TH COURT POMPANO BEACH, FL 33069		
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:  **DELPHINE VIAL** Corporate Coordinator
 Date: **02/10/04** Daytime Phone #: **(954) 942-3600**