2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2004 8:00 am Secretary of State

DOCUMENT # P02000075331 1. Entity Name NORTHEASTERN FLORIDA IMPORTS, INC.				07-19-2004 90011 033 ***150.00			
Principal Place of Business	Mailing Address				0.0500020		
33 CRYSTAL BAY COURT Palm Coast, Fl 32137							
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2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	46 Duchess (Court -	071020	on Charle	CD0E024 (40/02)		
0: 40:	0.6.9.04-4-				CR2E034 (10/03)		
City & State	City & State Freehold	ŊJ	4. FEI N 42-	umber 1 542499	<u> </u>	oplied For ot Applicable	
Zip Country	Zip	Country	5. Certif	cate of Status Desired	\$8.75 Add		
6. Name and Address of Current	07728 Registered Agent		7. Name	and Address of New	<u> </u>		
CHOCKANI HABVEY		Name	Sucamon	Нажиои	, A		
SUSSMAN, HARVEY 123 FORESTER PLACE		Street A	ddress (P.O. Box N	ssman, Harvey ss (P.O. Box Number is Not Acceptable)			
PALM COAST, FL 32137 .	•		33 Cryst	al Bay Cou	rt		
· · · · · · · · · · · · · · · · · · ·		City			FL 37978	le_	
Palm Coast FL 3Zip 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. Lam familiar with, and accept							
the obligations of registered agent.							
SIGNATURE Signature, typed or parted nagper of registress about	and title if professible (NOTE:		Sussman ,	Pres.	7/13/0	4	
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaig Trust Fund Contri		\$5.00 May E Added to Fees		with s. 607.193(2)(b), d not receive the prior	F.S., the notice.	
Due by September 8, 2004 10. OFFICERS AND	Trust Fund Contri	bution."	Added to Fees	corporation did	d not receive the prior	notice.	
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Due by September 8, 2004 10. OFFICERS AND TITLE MR. NAME SUSSMAN, HARVEY PRES STREET ADDRESS 5 EMELINE DRIVE	Trust Fund Contri	11.	Added to Fees	corporation did	d not receive the prior	notice.	
Due by September 8, 2004 10. OFFICERS AND TITLE MR. SUSSMAN, HARVEY PRES STREET ADDRESS 5 EMELINE DRIVE CITY-ST-ZIP HAWTHORNE, NJ 07506	Trust Fund Contri	11. TITLE NAME STREET ADDRESS CITY-ST-2IP	Added to Fees	corporation did	I not receive the prior	notice. S IN 11	
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12. I nereby certify that the information supplied with this titing coes not qualify for the exemption stated in Section 119.07(3)(1), Forida Statutes. 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:		Walter Gollinge	7/13/04	732-462-7
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Date	Daytime Phone #