2005 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

Jul 27, 2005 8:00 am Secretary of State DOCUMENT # P02000075331 1. Entity Name 07-27-2005 90048 004 ***150 00 NORTHEASTERN FLORIDA IMPORTS, INC. Mailing Address Principal Place of Business 33 CRYSTAL BAY COURT PALM COAST FL 32137 **46 DUCHESS COURT** FREEHOLD NJ 07728 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 42-1542499 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUSSMAN, HARVEY Street Address (P.O. Box Number is Not Acceptable) 33 CRYSTAL BAY COURT PALM COAST FL 32137 City 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, yped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **X**Change ☐ Addition TITLE ☐ Delete THILE Mr. SUSSMAN, HARVEY PRES Sussman, Harvey P 33 Crystal Bay Court Palm Coast, FL 32137 NAME NAME STREET ADDRESS 5 EMELINE DRIVE STREET ADDRESS HAWTHORNE NJ 07506 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Mrs. Change ☐ Addition SUSSMAN, KATHRYN VP Sussman, Kathryn VP STREET ADDRESS 5 EMELINE DRIVE STREET ADDRESS 33 Crystal Bay Court <u>Palm Coast, FL 32137</u> CITY-ST-ZIP HAWTHORNE NJ 07506 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAM GOLLINGE, WALTER VP NAME STREET ADDRESS STREET ADDRESS 46 DUCHESS COURT CHY-ST-7IP CITY-ST-ZIP FREEHOLD NJ 07728 TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

NATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Gollinge

7/18/05

FILED

732-462-7323

Daylinne Phone #