

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 16, 2004 08:00 AM

Secretary of State

DOCUMENT # P02000085640

1. Entity Name

ALLISON EXOTIC IMPORTS, INC.



Principal Place of Business

**1801 NW 75TH AVENUE, #103
PLANTATION, FL 33313**

Mailing Address

**1801 NW 75TH AVENUE, #103
PLANTATION, FL 33313**



01262004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0044825

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLISON, DANIEL R
1801 NW 75TH AVENUE, #103
PLANTATION, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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 *Daniel R. Allison*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/12/04

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**

**000000090026
03/16/04-80014-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME ALLISON, DANIEL R
STREET ADDRESS 1801 NW 75TH AVENUE, #103
CITY-ST-ZIP PLANTATION, FL 33313

TITLE VD
NAME ALLISON, MARY
STREET ADDRESS 1801 NW 75TH AVENUE, #103
CITY-ST-ZIP PLANTATION, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Daniel R. Allison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

Date

(305) 753-7703

Daytime Phone #