
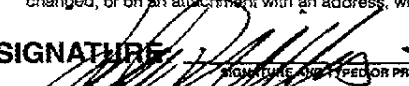


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000110753		
1. Entity Name MARKETPLACE IMPORTS, INC.		
Principal Place of Business TWO URBAN CENTRE 4890 W. KENNEDY BLVD #840 TAMPA, FL 33609	Mailing Address 301 W PLATT ST 344 TAMPA, FL 33606	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOLCOMB, VICTOR W 106 S TAMPANIA AVE STE 200 TAMPA, FL 33609		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JUDITH 301 W PLATT ST #344 TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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  Judith Williams <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-6-04 Date 813-849-8800 Daytime Phone #



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2066073	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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01/08/04-80010-001 163.75

**DO NOT WRITE
IN THIS SPACE**