2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # P04000049809 1. Entity Name V & S IMPORTS, INC.						04-16-20	008 90024 031 **	*150.00
Principal Place of Business Mailing Address								
5937 NW 54TH CIRCLE		5937 NW 54TH CIRCLE			60024	27በ		
CORAL SPRINGS, FL 33067		CORAL SPRINGS, FL 33067			00024	E/U		
					(SERVES 111	STIN SISH BEIN SEN	8 201	194991 H 1991
8 O-ii+D	leas of Business No. D.O. Do. A	9 Major Andres						
z. rancipai r	lace of Business - No P.O. Box #	3. Mailing Address				ESTA ELEM ERMA ESTA	8 8 M 8 8 M 8 18 18 18 18 18 18 18 18 18 18 18 18 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	<u> </u>			
				04082008	Chg-P	CR2E034 (12/0	o)	
City & State		City & State		4. FEI Numbe			Applied For	
					55-086	1248		Not Applicable
Zip Country		Zip Count		try	5. Certificate	of Status Desired	s8.75 /	
	6. Name and Address of Current	Pagistared Agest			7 Name and	Address of Nov	Fee Requ	irec
	o. Name and Address of Current	Registered Agent		Name	7. Name and	Address of Nev	w Kegistereo Agent	
SUFFREDINI, ROBERT L								
1100 S. FEDERAL HIGHWAY				Street Address (dress (P.O. Box Number is Not Acceptable)			
BOYNTON	I BEACH, FÜ 33435							
	i.		City			FL Zip C	ode	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	ed office or registe	red agent, or bot	h, in the State of	Florida. I am familiar wi	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	- Receterer	d Agent signature required	d when reinstation)	······································	DATE	
					1		5	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Conti			.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO C	FFICERS AND DIRECTO	DRS IN 11
TITLE	D Wikid	Lid beliefe					Chang	e 🔲 Addition
NAME	1 · · · · · · · · · · · · · · · · · · ·		NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CHY	-ST-ZiP				
TITLE	☐ Delete TITE						Chang	e 🔲 Addition
NAME STORET ADDRESS			NAM.	1				
STREET ADDRESS CITY-ST-ZIP			8	ET ADDRESS -ST-ZIP				
TITLE		Delete	TITLE					
NAME		J Delete	NAMI	i			Chang	e 🔲 Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE		•		☐ Chang	e Addition
NAME	0.5551							
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE	☐ Delete TITL					Chang	e 🔲 Addition	
NAME	NAN		E					
STREET ADDRESS			E .	et address				
CITY-ST-ZIP		T	CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Chang	e 🔲 Addition
NAME			NAM	l l				
STREET ADDRESS		<u></u>	STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		STRE CITY	ET ADDRESS -ST-ZIP				

Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attendment with an address, with all other like empowered.

GNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| Date | Dat