FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91140 001 ***600.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28557

1. Entity Name
ADVANCED BRANDS & IMPORTING CO., INC.

Principal Place of Business	Mailing Address
360 HAMILTON AVENUE, STE. 1103 WHITE PLAINS, NY 10601-1103	360 HAMILTON AVENUE, STE. 1103 WHITE PLAINS, NY 10601-1103

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	211 WAPOO Suite, Apt. #, etc. SUITE 202
City & State	City & State CALISTOGA, CA
Zip / Country	Zip / Country 94515 / USA

4. FEI Number 04-2717661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEVESQUE, DOMINIQUE 60 YARMOUTH RD WELLESLEY, MA 02481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCOTT DEMARTINE 360 HAMILTON AVE, SUITE 1103 WHITE PLAINS, NY 10601-1103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WALSH, DANIEL 360 HAMILTON AVENUE, STE. 1103 WHITE PLAINS, NY 106011103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN DER MINNE, FRANS 360 HAMILTON AVENUE, STE. 1103 WHITE PLAINS, NY 106011103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KINCH, JULIE 360 HAMILTON AVENUE, STE. 1103 WHITE PLAINS, NY 106011103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 4-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #