


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P40273 1. Entity Name ROLAR IMPORTS, LTD., INC.	
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Principal Place of Business 10 CUTTER MILL ROAD GREAT NECK, NY 11021	Mailing Address 10 CUTTER MILL ROAD GREAT NECK, NY 11021
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2293683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARDI, LISA
800 W AVE
748
MIAMI BEACH, FL 33139

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 _____ (NOTE: Registered Agent signature required when certifying)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP LARDI, PAUL F. 8 JAEGER DR. GLEN HEAD, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC ROSENBERG, MARVIN J. 15 GREENWAY PLAZA 240 HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ROSENBERG, MARVIN J. GREENWAY 15 PLAZA HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROSENBERG, MARVIN J. 15 GREENWAY PLAZA HOUSTON, TX 77046
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000000015118
01/27/04-80047-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Paul F. Lardi, PRES 1-21-04 (510)466-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PAUL F. LARDI

Date: _____ Daytime Phone #: _____