


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.



Principal Place of Business
 10 CUTTER MILL ROAD
 GREAT NECK, NY 11021

Mailing Address
 10 CUTTER MILL ROAD
 GREAT NECK, NY 11021



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 11-2293683 Applied For
 Not Applicable

5. Certificate of Status Desired \$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 consolidating) 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

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
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 01/27/04-80047-016 150.00

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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 Date Daytime Phone #
 PAUL F. LARDI