


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000075291 1. Entity Name FERRARI INTERIORS, INC.	
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Principal Place of Business 318 SE 8TH STREET FORT LAUDERDALE, FL 33316 US	Mailing Address 318 SE 8TH STREET FORT LAUDERDALE, FL 33316 US
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0526524	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERRARI-GARCIA, INES 3931 NE 27TH AVE LIGHTHOUSE POINT, FL 33064
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000078883 03/08/04-80043-023 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS FERRARI-GARCIA, INES 3931 N.E. 27TH AVE. LIGHTHOUSE PT., FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, OSCAR I 3931 N.E. 27TH AVE. LIGHTHOUSE PT., FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR</small>	3/3/04 <small>Date</small>	954-462-1070 <small>Daytime Phone #</small>
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