

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000075291

1. Entity Name
FERRARI INTERIORS, INC.



Principal Place of Business
**318 SE 8TH STREET
FORT LAUDERDALE, FL 33316 US**

Mailing Address
**318 SE 8TH STREET
FORT LAUDERDALE, FL 33316 US**



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0526524

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**FERRARI-GARCIA, INES
3931 NE 27TH AVE
LIGHTHOUSE POINT, FL 33064**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**VTB
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000264514
03/16/05-80018-021 158.75

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 807, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/05