

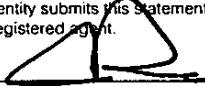
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90078 020 ***158.75

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DOCUMENT # P97000070936			
1. Entity Name HURRICANE IMPORTS AND TRADING, INC.			
Principal Place of Business 1331 S.W. 1ST AVENUE FORT LAUDERDALE, FL 33315		Mailing Address PO BOX 16988 FORT LAUDERDALE, FL 33318	
2. Principal Place of Business 10458 West McNab Road		3. Mailing Address P.O. Box 16988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tamarac, FL.		City & State Plantation, FL.	
Zip 33321	Country USA	Zip 33318	Country USA
4. FEI Number 65-0823348		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELIA, JOSEPH 1331 S.W. 1ST AVENUE FORT LAUDERDALE, FL 33315		Name Gary Morse	
		Street Address (P.O. Box Number is Not Acceptable)	
		7795 SW 6th Street	
		City Plantation	
		FL	
		Zip Code 33324	
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 022205	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP OLSON, JOHN <input type="checkbox"/> Delete 1331 SW 1ST AVE FT. LAUDERDALE, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10458 West McNab Road Tamarac, FL. 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, DAN <input checked="" type="checkbox"/> Delete 1331 SW 1ST AVENUE FT LAUDERDALE, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Armstrong <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10458 West McNab Road Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTNER, WILLIAM <input checked="" type="checkbox"/> Delete 1331 SW 1ST AVE FORT LAUDERDALE, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doug Maroone <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10458 West McNab Road Tamarac, FL. 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 022205	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-888-5259	