


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 389200 1. Entity Name MOLINA GARAGE, INC.	
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Principal Place of Business 2091 N W 7 AVE MIAMI, FL 33127	Mailing Address 2091 N W 7 AVE MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOLINA, ROBERTO 2091 N.W. 7TH AVENUE MIAMI, FL 33127

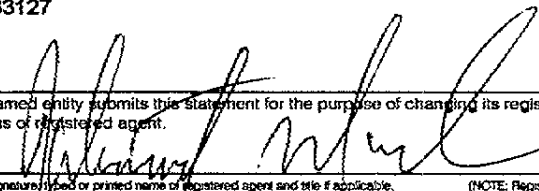


02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1362309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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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 2-13-04

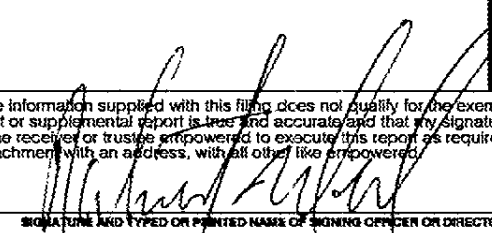
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1111110052598 02/16/04-80098-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLINA, ROBERTO 2091 NW 7TH AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOLINA, GLORIA 2091 NW 7TH AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINA, ROBERTO 2091 N.W. 7TH AVENUE MIAMI, FL
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

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #