

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90204 014 ***150.00

DOCUMENT # P00000094057

1. Entity Name
BRAKES EXPRESS PLUS, INC.



Principal Place of Business
**3650 NORTHWEST 15TH STREET
LAUDERHILL, FL 33311**

Mailing Address
**3650 NORTHWEST 15TH STREET
LAUDERHILL, FL 33311**

24074722



05062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1081101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARTOV, ELI
3650 NW 15 ST
LAUDERHILL, FL 33311**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BARTOV, ELI
STREET ADDRESS	3650 NW 15 ST
CITY-ST-ZIP	LAUDERHILL, FL 33311
TITLE	VD
NAME	CAPLAN, GARY
STREET ADDRESS	3650 NW 15 ST
CITY-ST-ZIP	LAUDERHILL, FL 33311
TITLE	TD
NAME	TAUBLIB, IRWIN
STREET ADDRESS	3650 NW 15 ST
CITY-ST-ZIP	LAUDERHILL, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Eli Bartov* **ELI BARTOV** 5/3/04 954-583-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #