

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2003 8:00 am**  
**Secretary of State**

0030765 AV

09-03-2003 90020 048 \*\*\*550.00

**DOCUMENT # P00000108604**

1. Entity Name  
**PERFORMANCE MACHINE CORPORATION**



Principal Place of Business  
**13064 N.W. 43 AVENUE  
OPALOCKA FL 33054**

Mailing Address  
**13064 N.W. 43 AVENUE  
OPALOCKA FL 33054**

00105753



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
**16927 NW 57th AVE**  
Suite, Apt. #, etc.  
**MIAMI, FLORIDA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1095510** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**DE ROJAS, CARLOS M  
13064 N.W. 43 AVENUE  
OPALOCKA FL 33054**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>PD HOYOS, DENNIS R 14235 SABAL DRIVE MIAMI LAKES FL 33014</b> <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
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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: **DENNIS HOYOS - President** **8/26/03** **305-621-6648**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)