


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000001299  
 1. Entity Name  
 CHECK ENGINE AUTOMOTIVE, INC.



Principal Place of Business      Mailing Address  
 4903 N.E. 9TH AVE.                      4903 N.E. 9TH AVE.  
 OAKLAND PARK, FL 33334              OAKLAND PARK, FL 33334

**DO NOT WRITE IN THIS SPACE**



04112005      No Chg-P      CR2E034 (10/03)

4. FEI Number 65-1058650	Applied For Not Applicable
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5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 STEPANEK, ZIDENSK  
 5428 N.E. 21ST TERRACE  
 FT. LAUDERDALE, FL 33308

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	PD STEPANEK, ZDENAK 5428 N.E. 21ST TERRACE FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD POSPICHAL, IGOR 320 N.W. 52ND COURT FT. LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/15/05-80077-003 150.00

**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)(f), 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: Stepanek Zdenek      4.11.05      (954) 493-8905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #