## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000088269

**Entity Name:** KIRLAND MOTORS, INC.

Name:

Address:

City-St-Zip:

350 W. COPANS RD.

POMPANO BEACH, FL 33064

Apr 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 400 WEST COPANS RD. POMPANO BEACH, FL 33064 **Current Mailing Address: New Mailing Address:** 400 WEST COPANS RD POMPANO BEACH, FL 33064 FEI Number: 22-3833292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HRAWG CORP 1801 N. MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KIRKLAND, ROBERT A Name: Name: 350 W. COPANS RD. Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KIRSCHNER, ESQ., MITCHELL B Name: 1801 N. MILITARY TRAIL, STE. 200 Address: Address: BOCA RATON, FL 33431 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: **CFOS** () Change () Addition MONTEMERLO, FRANK S Name: Name: 350 W. COPANS RD Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: ( ) Delete Title: () Change () Addition KIRLAND, ROWENA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK S. MONTEMERLO **CFOS** 04/27/2004