


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

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90322 013 ***150.00

DOCUMENT # P01000107757 1. Entity Name British Motor Car, Inc.	
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DO NOT WRITE IN THIS SPACE

50025276

2. Principal Place of Business 2525 NW 38th Ct Suite, Apt. #, etc.	3. Mailing Address 2525 NW 38th Ct Suite, Apt. #, etc.
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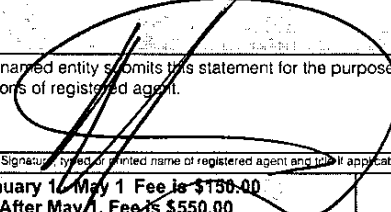
DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 01-0567779	Applied For <input type="checkbox"/> Not Applicable
Zip 33142	Country Miami-Dade	Zip 33142	Country Miami-Dade
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Miguel Fuentes	
Street Address (P.O. Box Number is Not Acceptable)	
595 NE 96 St	
City Miami Shore	FL Zip Code 33138

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.

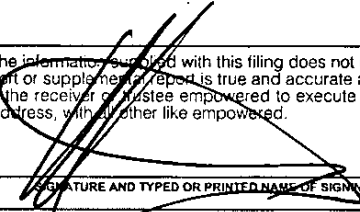
SIGNATURE  DATE 02/22/05

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

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Miguel Fuentes 595 NE 96 St Miami Shore, FL 33138	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information furnished 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 on an attachment with an address, with or without other like empowered.

SIGNATURE:  DATE 02/22/05 DAYLINE PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)