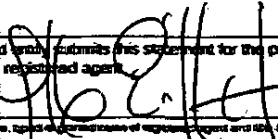
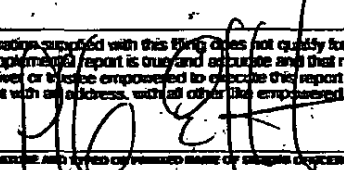


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-05-2004 90248 048 ***150.00

DOCUMENT # P03000028519																										
1. Entity Name BITES ON WHEELS, IV INC.																										
Principal Place of Business 040 BRIGGELL AVE PM 2 MIAMI, FL 33131		Mailing Address 040 BRIGGELL AVE PM 2 MIAMI, FL 33131																								
2. Principal Place of Business 26 SW 8 ST Suite, Apt. #, etc.	3. Mailing Address 26 SW 8 ST Suite, Apt. #, etc.	 04272004 Chg-P CR2E034 (10/03)																								
City & State Miami, FL	City & State Miami, FL																									
Zip 33130	Zip 33130																									
Country USA	Country USA																									
4. FEI Number 65-1178001		Applied For ☐ Not Applicable																								
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent ESPALLAT, LEOPOLDO 040 BRIGGELL AVE PM 2 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 26 SW 8 ST City: Miami FL Zip Code: 33130																								
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: 6/30/04																								
FILE NUMBER: FILE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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																								
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12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 filers empowered.																										
SIGNATURE: 		DATE: 6/30/04 (301) 224-6047																								

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