2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 22, 2004 8:00 am **Secretary of State DOCUMENT # P93000026861** 01-22-2004 90002 002 ***158.75 1. Entity Name MIAMI BEARING SERVICE, INC. Principal Place of Business Mailing Address 3701 NW 32ND AVE. PO BOX 420396 MIAMI, FL 33242-0396 MIAMI, FL 33142 %F5/,,,,.242-F& 24003299 01062004 No Chg-P CR2E034 (10/03) DO ACT WATTE WITHIS SPACE Applied For 4. FEI Number 65-0441677 Not Applicable \$8.75 Additional 5. Certificate of Status Desired XX 6. Name and Address of Current Registered Agent DE LA CRUZ, LUIS F JR 241 SEVILLA AVE. SHITE 805 M THE SPACE CORAL GABLES, FL 33134 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 _______Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaying) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE New Address: MARCHETTI, BRUCE NAME 10902 Blue Palm St. STREET ADORESS 1400 N.W. 100 WAY Plantation, FL 33324 CITY-ST-ZIP PLANTATION, FL ST TITLE New Address: MARCHETTI, PATTI 1400 N.W. 100 WAY 10902 Blue Palm St. NAME STREET ADDRESS PLANTATION, FL Plantation, FL 33324 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT MATE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 officer in the component of the comp .15.04 305-573-84Z SIGNATURE: Daytime Phone

FILED

Bruce A. Marchetti