

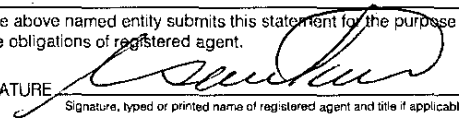
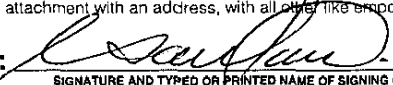


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90045 026 ***150.00

DOCUMENT # P97000000117 1. Entity Name AUTO TAG AGENCY NO. 19, INC.					
Principal Place of Business 16700 N.W. 27TH AVENUE MIAMI, FL 33056			Mailing Address 16700 N.W. 27TH AVENUE MIAMI, FL 33056		
2. Principal Place of Business 8404 NW 103 ST Suite, Apt. #, etc. A		3. Mailing Address 8404 NW 103 ST Suite, Apt. #, etc. A			
City & State HIALEAH GARDENS FL		City & State HIALEAH GARDENS FL		4. FEI Number 65-0719561	
Zip 33016		Zip 33016		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTANA, SILVIA G 16700 N.W. 27TH AVENUE MIAMI, FL 33056				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8404 NW 103 ST STE A City HIALEAH GARDENS FL Zip Code 33016	
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  SILVIA SANTANA 4/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTANA, SILVIA G 16700 N.W. 27TH AVENUE MIAMI, FL 33056 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8404 NW 103 ST STE A HIALEAH GARDENS FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARIAS, SOMAY 16700 NW 27TH AVE MIAMI, FL 33056 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8404 NW 103 ST STE A HIALEAH GARDENS FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRALBAL, ERNESTO G 16700 NW 27TH AVE MIAMI, FL 33056 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8404 NW 103 ST STE A HIALEAH GARDENS FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:  SILVIA SANTANA PRESIDENT 4/12/04 (305)231-5700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					