
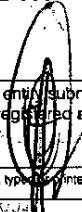
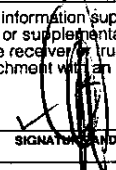


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90018 008 \*\*\*150.00

<b>DOCUMENT # P97000073261</b>			
1. Entity Name <b>EXUS ISUZU PARTS, CORP.</b>			
Principal Place of Business <b>4001 NW 32ND AVE MIAMI, FL 33142-5001</b>		Mailing Address <b>2751 NW 84TH STREET MIAMI, FL 33147</b>	
2. Principal Place of Business		3. Mailing Address <b>4001 NW 32nd Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Miami, FL</b>	
Zip	Country	Zip <b>33142-5001</b>	Country <b>Dade</b>
4. FEI Number <b>65-0776809</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DE LA OLIVA, FRANCISCO C 4001 NW 32ND AVE MIAMI, FL 33142-5001		Name <b>Frank De La Oliva</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>90 NW 154th Street</b>	
		City <b>Miami</b> FL Zip Code <b>33169</b>	
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 <b>01/28/04</b>	
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LA OLIVA, FRANK</b>	NAME	
STREET ADDRESS	<b>90 NW 154TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33169</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIMONTE, OBED</b>	NAME	
STREET ADDRESS	<b>1240 NW 32ND PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33125</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: 		DATE <b>01/28/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	