


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000096344

1. Entity Name
QUICK AUTO PROVIDERS, INC.



Principal Place of Business 3675 PEMBROKE ROAD B-8 HOLLYWOOD, FL 33021	Mailing Address 3675 PEMBROKE ROAD B-8 HOLLYWOOD, FL 33021
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0875967	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARNEIRO, ANDRE 9560 S.W. 3RD COURT PEMBROKE PINES, FL 33025	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete	NAME CARNEIRO, ANDRE	STREET ADDRESS 620 SW 99TH AVE CITY - ST - ZIP HOLLYWOOD, FL 330251014	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
TITLE VP <input type="checkbox"/> Delete	NAME FERNANDEZ, GILBERTO O	STREET ADDRESS 3675 PEMBROKE RD/B-8 CITY - ST - ZIP HOLLYWOOD, FL 33021	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
TITLE ST <input type="checkbox"/> Delete	NAME WEBA, MARCOS	STREET ADDRESS 3675 PEMBROKE ROAD/B-8 CITY - ST - ZIP HOLLYWOOD, FL 33021	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP

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03/12/04-80004-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **MARCH 8TH, 04** DAYTIME PHONE #: **(954) 963-5113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR