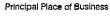
2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000055834

Entity Name
 FERRARA'S GARAGE, INC.

FILED Mar 15, 2004 08:00 AM Secretary of State

CR2E034 (10/03)



670 S WICKHAM RD W MELBOURNE, FL 32904 Mailing Address 670 S WICKHAM RD W MELBOURNE, FL 32904



| DO NOT WRITE IN THIS | SPAC | Ε |
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4. FEI Number
68-0504073

S. Certificate of Status Desired

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTHOMY FORMARA 670 S. WICKHAM RD. W. MELBOURNE, FL 32904

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

02202004

| | named entity submits this statement for the pions of registered agent. | surpose of changing its registere | d office or re | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|---|--|--|----------------|---------------------------------------|---|
| SIGNATURE Sprature, typed op psided name of reflatered agent and title if applicative. (NOTE Registered Agent signature required when tenstating) | | | | | 9-10-04 DATE |
| Signature, typing of parties of registered agent and title if applicance. (NUTL registered Agent agreature require) when remaining) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | Election Campaign Finance Trust Fund Contribution. | cing | \$5.00 May Be. Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | · · · · · · · · · · · · · · · · · · · | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST FERRARA, ANTHONY 670 S WICKHAM RD W MELBOURNE, FL 32904 | | | | (1000000097773 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000087773 03/15/04-80024-019 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN [*] | THIS SPACE |
| 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 and that my signature shall have the same legal effect as if made under path; 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. | | | | | |

Perora

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR