

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90129 046 ***150.00



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| DOCUMENT # P04000143918 | |
| 1. Entity Name "HOT ROD" GOLF CARTS INC. | |
| Principal Place of Business 178 LORELANE PLACE KEY LARGO FL 33037 | Mailing Address 178 LORELANE PLACE KEY LARGO FL 33037 |
| 2. Principal Place of Business 99142 Overseas Hwy Suite, Apt. #, etc. Suite-C | 3. Mailing Address Suite, Apt. #, etc. |
| City & State Key Largo FL | City & State |
| Zip 33037 | Country USA |
| 4. FEI Number 42-1653482 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |



1st MOORE CR2E034 (10/04)

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent LOZANO, ALICIA O 178 LORELANE PLACE KEY LARGO FL 33037 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOZANO, ALICIA O 178 LORELANE PLACE KEY LARGO FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Alicia O. Lozano 2/1/05 (305) 453-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #