

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 308742**

1. Entity Name  
**TONY'S SERVICENTER, INC.**



**FILED**

**Mar 03, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**8701 CORAL WAY  
MIAMI, FL 33165**

Mailing Address  
**8701 CORAL WAY  
MIAMI, FL 33165**



**DO NOT WRITE IN THIS SPACE**

01282004 No Chg P CR2E034 (10/03)

4. FEI Number <b>59-1150152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$3.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**FULLER, PATRICK  
8701 CORAL WAY  
MIAMI, FL 33165**

**DO NOT WRITE  
IN THIS SPACE**

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

**9. Election Campaign Financing  
Trust Fund Contribution**

**\$5.00 May Be  
Added to Fees**

**U00000075572  
03/03/04-80065-016 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
**P  
FULLER, PATRICK  
12000 S. W. 90TH AVE  
MIAMI, FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1D or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-27-04*

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