2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # 410704** 1. Entity Name 04-12-2004 90654 040 ***150.00 TUGGLE MOTORS INC. Mailing Address Principal Place of Business ANDREW H. ACCETURO 16 ROYAL PALM WAY BOCA RATON FL 33432 2200 SW 56 AVE BIG A. AUTO RECULERS HOLLYWOOD FL 33023 54031711 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City-& State City & State 4. FEI Number 59-1421281 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACCETTURO, ANDREW H. Street Address (P.O. Box Number is Not Acceptable) 16 ROYAL PALM WAY **UNIT 101 BOCA RATON FL 33432** City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE PD ☐ Delete TITLE Change NAME ACCETTURO, ANDREW H. NAME STREET ADDRESS STREET ADDRESS. 16 ROYAL PALM WAY #101 **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP ST ☐ Change Addition TITLE Delete TITLE ACCETTURO, BARBARA T. NAME NAME 16 ROYAL PALM WAY #101 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP ACCETTURO, BARBARM 16-ROYAL PALM Way#101 BOCA BATON, FL 33432 Change Delete TITLE ■ Addition TITLE NAME ACCETTURO, MICHAEL NAME STREET ADDRESS STREET ADDRESS 6824 SW 16TH CT CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PARK FL 33023 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE 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 impowered.

FILED

561-9558802