## **2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## **DOCUMENT # 446797**

1. Entity Name

SOUTHERN STYLE RACING ENGINES & COMPONENTS,

May 08, 2006 8:00 am Secretary of State

05-08-2006 90270 028 \*\*\*150.00

**FILED** 

Mailing Address    Mailing Add	···-				AP #1 15					
PINELLAS PARK FL 33781	Principal Place of Business Mailing Address									
2. Principal Place of Displaces   2. Making Address   3. Making										
City & State   City & Country   Sp. Certificate of State Desired   Sp. 15.49403	2. Principal P	lace of Business	3. Mailing Address			1144	in mini <b>erais é</b> nia 19619 1911 191	ii bies Eink bink	WIEII B1643 B18	
Section   Sect	Suite. Apt.	#, etc.	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)				
Second   S	City & State		City & State			4. FEI Numb	FEI Number 59-1549403			<del></del>
RUIZ, GUILLERMO A. 2950 FIRST AVENUE, NORTH ST. PETERSBURG FL  City  FL  City  FL  Zip Code  Changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of re	Zip	Country Zip C		Country	<b>y</b>				litional	
RUIZ, GUILLERMO A, 2950 FIRST AVENUE, NORTH ST. PETERSBURG FL    City   FL   Zip Code	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
2950 FIRST AVENUE, NORTH ST. PETERSBURG FL  City  FL  Zip Cod=  City  City  City  FL  Zip Cod=  City  City  City  City  City  FL  Zip Cod=  City  Ci					Name					
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Fiorida. I am tamiliar with, and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the obligations of registered algent, or both, in the State of Fiorida. I am tamiliar with and accept the state of the state o	2950	O FIRST AVENUE, NORTH			Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE    Sequence   Sequence					City			FL	Zip Cod	e
SIGNATURE   Sprible Projected Tarme of registerial apport and little depletation (NOTE Registerial Agent segmants instanted when recisionality)   Date			or the purpose of changing its	s registered	I office or regi	istered agent, or bo	oth, in the State of Flori	da. I am far	ı niliar with,	and accept
FILE NOW!!! FEE IS \$150.00. Make Check Payable to Florida Department of State:  10. OFFICERS AND DIFIECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TITLE PLANE 4941 73RD AVENUE, NORTH 151E 171E 171E 171E 171E 171E 171E 171E	SIGNATURE .									<u>-</u>
After May 1, 2006 Fee Will Be \$550.00   Make Check Payable to Florida Department of State    10		Signature, typed or printed name of registered agent	and title if applicable (NOT	E Registered /	Agent signature reu	quirad when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: