


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 528208</b>	
1. Entity Name THE CYLINDER SHOP, INC.	

Principal Place of Business BLDG 209-MUSICK RD OPA-LOCKA AIRPORT OPA LOCKA, FL 33054	Mailing Address BLDG 209-MUSICK RD OPA-LOCKA AIRPORT OPA LOCKA, FL 33054
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**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-P CR2E034 (10/03)

4. FE Number 65-0320574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LUY, ROSA 575 COCONUT CIRCLE FT. LAUDERDALE, FL 33326
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**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 retaining)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUY, ROSA I 575 COCONUT CIRCLE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUY, WAYMAN A 575 COCONUT CIRCLE FT. LAUDERDALE, FL
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03/11/04-80030-007 150.00

**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)(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:** *X Rosa Luy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-15-04* *305 685-6468*  
Date Daytime Phone #