



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90199 022 ***150.00

DOCUMENT # 620885 1. Entity Name EUROPEAN CAR CENTER, INC.					
Principal Place of Business 8927 SW 129TH TERRACE MIAMI, FL 33176			Mailing Address 8927 SW 129TH TERRACE MIAMI, FL 33176		
2. Principal Place of Business 1865 Brickell Ave.		3. Mailing Address 1865 Brickell Ave			
Suite, Apt. #, etc. A-1510		Suite, Apt. #, etc. A-1510		04262004 Chg-P CR2E034 (10/03)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-1920992	
Zip 33129		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEINZELMANN, HANS-PETER 8927 SW 129TH TERRACE MIAMI, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1865 Brickell Ave, A-1510 City Miami FL Zip Code 33129	
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 <u><i>H. Heinzelmann</i></u> DATE <u><i>April 26, 2004</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEINZELMANN, HANS-PETER 8927 S.W. 129TH TERRACE MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEINZELMANN, JOY 8927 S.W. 129TH TERRACE MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 title empowered.					
SIGNATURE: <u><i>H. Heinzelmann</i></u> Date <u><i>April 26, 2004</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					