

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

01-28-2004 90006 016 ***150.00

DOCUMENT # 671712

1. Entity Name

BROWARD POWER TRAIN COMPANY, INC.



Principal Place of Business

**5300 NW 12TH AVENUE
FORT LAUDERDALE FL 33309**

Mailing Address

**5300 NW 12TH AVENUE
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

SAME
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Zip

Country

Broward

City & State

Zip

Country

4. FEI Number

59-1997168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MINYARD, LEE
1011 NW 116TH AVE.
FORT LAUDERDALE FL 33323**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	MINYARD, CHARLES	
STREET ADDRESS	3443 SUSIE LN	
CITY - ST - ZIP	GILROY CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	MINYARD, SUE	
STREET ADDRESS	3443 SUSIE LN	
CITY - ST - ZIP	GILROY CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	MINYARD, JOY	
STREET ADDRESS	1011 N.W. 116TH AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

Joy Minyard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-04
954-772-0881