

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000006240



1. Entity Name
PERFECT PARTS, INC.

Principal Place of Business
4701 MASSACHUSETTS AVE.
INDIANAPOLIS, IN 46218

Mailing Address
4701 MASSACHUSETTS AVE.
INDIANAPOLIS, IN 46218

2. Principal Place of Business
14378 Cypress Island Court

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

Zip 33410 Country USA

6. Name and Address of Current Registered Agent

BIR, ALLAN
51 RIVER DRIVE
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name Bir, Allan
Street Address (P.O. Box Number is Not Acceptable)
14378 Cypress Island Court
City Palm Beach Gardens FL Zip Code 33410

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PS Delete
NAME BIR, ALLAN
STREET ADDRESS 51 RIVER DRIVE
CITY-ST-ZIP TEQUESTA, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Bir, Allan Change Addition
NAME 14378 Cypress Island Court
STREET ADDRESS
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Bir, Allan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04 317-549-0290
Date Daytime Phone #

**FILED
Aug 09, 2004 8:00 am
Secretary of State**

08-09-2004 90015 005 ***150.00

24079246



07022004 Chg-P CR2E034 (10/03)