2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # F55449** C & S AUTO ELECTRIC DIAGNOSTIC CENTER, INC. Principal Place of Business Mailing Address 1900 N W 29TH STREET 1900 N W 29TH STREET OAKLAND, PARK, FL 33311 OAKLAND, PARK, FL 33311 04172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2133230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ZAPANTIS, GEORGE DO NOT WRITE 1900 N. W. 29TH STREET OAKLAND PARK, FL 33311 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 reinstalling) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 04/26/04-80144-021 150.00 TITLE ZAPANTIS, GEORGE NAME STREET ADDRESS 1900 NW 29TH STREET OAKLAND PARK, FL 00000, CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 attachmen with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Durge Capants

4-20-04

754-484-626

FILED

Date