

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                                  |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # F62013</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                 |                                                                                                              |
| 1. Entity Name<br>TECHNICAL AUTOMOBILE CENTER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                                                                  |                                                                                                              |
| Principal Place of Business<br>4100 DAVIE BLVD.<br>FT. LAUDERDALE, FL 33317                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | Mailing Address<br>4100 DAVIE BLVD.<br>FT. LAUDERDALE, FL 33317                                                                  |                                                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | 3. Mailing Address                                                                                                               |                                                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | Suite, Apt. #, etc.                                                                                                              |                                                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              | City & State                                                                                                                     |                                                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                                                                                      | Zip                                                                                                                              | Country                                                                                                      |
| 4. FEI Number<br>59-2323589                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | Applied For<br>Not Applicable                                                                                                    |                                                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              | \$8.75 Additional Fee Required                                                                                                   |                                                                                                              |
| 6. Name and Address of Current Registered Agent<br>JUAREZ, FRANCISCO M<br>4100 DAVIE BLVD.<br>FT. LAUDERDALE, FL 33317                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retitling)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                                  |                                                                                                              |
| FILE NOW!! FEE IS \$180.00<br>After May 1, 2004 Fee will be \$360.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD<br>JUAREZ, FRANCISCO M<br>4100 DAVIE BLVD.<br>FT. LAUDERDALE, FL 33317 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | U000000149570 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>05/03/04-80193-004 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ST<br>RIVERO, FRANCISCO J<br>422 SW 74TH AVE.<br>N. FT. LAUDERDALE, FL 33317 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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 19.07(3)(f), 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 807, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              | Date _____ Daytime Phone # _____                                                                                                 |                                                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |                                                                                                                                  |                                                                                                              |