2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G90246

1. Entity Name
TOTAL CHROME, INC.

Principal Place of Business	Mailing Address
3712 SW 64 AVE DAVIE, FL 33314	3712 SW 64 AVE DAVIE, FL 33314

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04282004 Chg-P CR2E034 (10/03)
City & State	City & State	**4. FEI Number** 59-2366602 — Applied For / Not Applicable
Zip — Country Broward	Zip — Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDSTEIN, JULIE 3712 SW 64 AVE. DAVIE, FL 33314	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]_

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

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GOLDSTEIN, JULIE STREET ADDRESS: 10490 SW 20 ST CITY-ST-ZIP: DAVIE, FL 33324		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 like empowered.

SIGNATURE: _[signature]_   5/17/04   954-34-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

G90246
44045623

Division of Corporations

Annual Report

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Document Number
G90246
Business Entity Name
TOTAL CHROME, INC.

Election Campaign Financing Trust Fund Contribution ◯ Yes ◉ No

Officer/Director Name And Address

Title	Pres
Name (Last, First, Middle, Title)	
-or- Entity Name	GOLDSTEIN, JULIE
Street Address	10490 SW 20 ST
City, State	DAVIE , FL
Zip Code & Country	33324

Title	*(handwritten)*
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	

Attachment

690246

44045623

City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

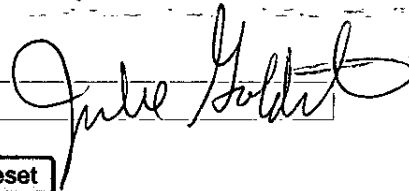|	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

○ **List more than six Officers/Directors** ◉ **No additional Officers/Directors to list**

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title   Pres

Officer/Director Signature   JulieGoldstein

[Continue] [Reset]

[Start Over]

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