

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91025 028 ***150.00

DOCUMENT # H98397					
1. Entity Name SIEMARELLA, INC.					
Principal Place of Business DYNAMIC MUFFLER AND BRAKE 4509 BABCOCK ST., N.E. PALM BAY, FL 32905			Mailing Address DYNAMIC MUFFLER AND BRAKE 4509 BABCOCK ST., N.E. PALM BAY, FL 32905		
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 59-2641354 Applied For Not Applicable	
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		
REIFF, ANDREW L 135 W CENTRAL BLVD P O BOX 1059 ORLANDO, FL 32802			Name <u>KINBERG & ASS. LLC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1151 S. WAVERLY PL.</u> City <u>MELBOURNE</u> FL Zip Code <u>32901</u>		
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 <u>Mark R. Siemer President</u> DATE <u>4-21-04</u> Signature, typed or printed name of registered agent and then if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY-ST-ZIP	VTD SIEMER, SUSAN C. 465 HAMLIN AVE SATELLITE BCH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SIEMER, MARK R. 465 HAMLIN AVE SATELLITE BCH, FL	☐ 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)(a), 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: <u>Mark R. Siemer</u>			Date <u>4-21-04</u> 321 9847501 Daytime Phone #		