


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90290 020 ***158.75

DOCUMENT # J90263	
1. Entity Name AUTOBUILDERS GENERAL CONTRACTING SERVICES, INC.	

Principal Place of Business 5715 CORPORATE WAY WEST PALM BEACH, FL 33407 US	Mailing Address 5715 CORPORATE WAY WEST PALM BEACH, FL 33407 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAWE, ROBERT W II 5715 CORPORATE WAY WEST PALM BEACH, FL 33407		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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWE, ROBERT W II	NAME	
STREET ADDRESS	13195 ROLLING GREEN ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWE, ROBERT W II	NAME	
STREET ADDRESS	13195 ROLLING GREEN ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, JAN A JR	NAME	
STREET ADDRESS	9038 GARDENS GLEN	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33418	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Lisa M. Rawe
STREET ADDRESS		STREET ADDRESS	13195 Rolling Green Road
CITY-ST-ZIP		CITY-ST-ZIP	North Palm Beach, FL 33414
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Robert W. Rawe, II **President** **04/23/04** **561-622-3515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #