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ANNUAL REPORT

Jan 12, 2004 8:00 am **DOCUMENT # K44686 Secretary of State** 1. Entity Name JAPANESE QUALITY CAR SERVICE, INC. 01-12-2004 90001 010 ***150.00 Principal Place of Business Mailing Address % DAVID R. HULSE % DAVID R. HULSE 505 INDUSTRIAL AVE. 505 INDUSTRIAL AVE. **BOYNTON BEACH, FL. 33426 BOYNTON BEACH, FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0082727 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARIA A MULLE MULVEY, MICHAEL F Street Address (P.O. Box Number is Not Acceptable) 505 INDUSTRIAL AVE. 505 INDUSTRIAL **BOYNTON BEACH, FL 33426** BOYNTON BEACH 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. MARIA A MULUEY SIGNATURE d title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Delete TITI E PST MARIA A MULUEY MULVEY, MICHAEL F NAME NAME 505 INDUSTRIAL AVE 505 INDUSTRIAL AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH, FL 33426** CITY-ST-ZIP BOYNTON BEACH FL. 33426 TITLE D Delete TITLE Addition MARIA A MULVEY 505 INOUSTRIAL AVE MULVEY, MICHAEL F NAME NAME 505 INDUSTRIAL AVE. STREET ADDRESS STREET ADDRESS CITY- \$7-7IP **BOYNTON BEACH, FL 33426** CITY-ST-74P BOULTON BEACH FL 33426 ☐ Delete Change Addition me TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-71P CITY-ST-71P Addition ☐ Change TITLE ☐ Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CFTY-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.

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