


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90301 047 ***150.00

DOCUMENT # K49583	
1. Entity Name ROADWAY MUFFLER & BRAKE CENTERS INC.	

Principal Place of Business 23193 A SANDALFOOT PLAZA BOCA RATON, FL 33428	Mailing Address 23193 A SANDALFOOT PLAZA BOCA RATON, FL 33428
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50042304



2. Principal Place of Business 19740 SAWGRASS DR SUITE, APT. #, etc. BOV	3. Mailing Address 19740 SAWGRASS DR SUITE, APT. #, etc. H80V
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33434	Country FLORIDA

04182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0087671	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOTWINICK, SUSAN 23193-A SANDALFOOT PLAZA BOCA RATON, FL 33428	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 SUSAN BOTWINICK <i>Susan Botwinick</i> 4/18/05 SIGNATURE DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00. After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOTWINICK, SUSAN 23193-A SANDALFOOT PLAZA BOCA RATON, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOTWINICK SUSAN 19740 SAWGRASS DR H80V BOCA RATON FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <i>Susan Botwinick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/18/05 561483-8408 <small>Date Daytime Phone #</small>