2004 FOR PROFIT CORPORATION ANNUAL REPORT

ئ ے ۔	ANNUAL REPORT					FILI	ED STAT	ΓŒ	•
DOCUMENT # K66887 1. Entity Name A A A A CARS INC.						SECRETARY TALLAHASSE 04 APR -6			
Principal Place of Business % ERNEST JOHNSON 4646 NW 17TH AVE MIAMI, FL 33142 US		Mailing Address % ERNEST JOHNSON 3260 NW 45TH ST MIAMI FL, 33142) / E S i Biri Bir	NEKIN NEKIN ININI ININI ANDI NI	8 8 8		
2. Principal Place of Business		3. Mailing Address				Company of the Compan			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062004	Chg-P	CR2E034 (1	0/03)	MRD
City & State		City & State			4. FEI Number 65-0194385			\vdash	plied For t Applicable
Zip .	Country	Zip .	Countr	у	5. Certificate	of Status Desired		75 Addi Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
JOHNSON, ERNEST 3260 N.W. 45TH ST. MIAMI FL, FL 33142				Street Address (I	ress (P.O. Box Number is Not Acceptable)				
			-	City			FL Z	ip Code)
the obligati	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.			d office or register		h, in the State of Florid	da. I am familia	ar with, a	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Contr	-		00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, ELDRICK 3260 N.W. 46TH ST. MIAMI, FL 33142	☐ Delete		T ADDRESS ST-ZIP			L. (Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, SHERMAN 2345 NW 91 STREET MIAMI, FL 33147	☐ Delete		T ADDRESS ST-ZIP	04/ 2 /,	///4	2801	Change Es 300 "	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYPPOLITE, BENEDIQUE 4646 NW 17TH AVE MIAMI, FL 33142	☐ Delete		T ADDRESS ST-ZIP			. [Change	☐ Addition
TITLE .P .NAME STREET ADDRESS CITY-ST-ZIP	ERNEST JOH 32602 W45St MIAMI FL 3	N36 N □ Delete 3 (42-		T ADDRESS ST-ZIP			`	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADORESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	T ADDRESS ST-ZIP				Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation or the receiver or trustee emporation or on an attachment with an address.	strue and accurate and that re owered to execute this report	ny signatu as require	ire shall have the	same legal effec	t as if made under oat	h; that I am ar	officer	or director