FILED
Jul 16, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L54295

1. Entity Name
EUROPEAN FINE CAR REPAIRS INC

Principal Place of Business
C/O NICOLAE S. HOSSU
90 WEST SPANISH RIVER BLVD.
BOCA RATON, FL 33431

Mailing Address
C/O NICOLAE S. HOSSU
90 WEST SPANISH RIVER BLVD
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

07142004 No Chg P CR2E034 (10/03)

4. FEI Number
65-0184180

Applied For / Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSSU, NICOLAE S
90 WEST SPANISH RIVER BLVD.
BOCA RATON, FL 33431

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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.

SIGNATURE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S. the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	HOSSU, NICOLAE S
STREET ADDRESS	90 W. SPANISH RIVER BLVD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	T
NAME	HOSSU, NICOLAE S
STREET ADDRESS	90 W. SPANISH RIVER BLVD
CITY-ST-ZIP	BOCA RATON, FL

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07/16/04-80010-004 150.00

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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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #