2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

TURE AND TYPED OR PRINTED NAME OF SIGN

Feb 23, 2004 8:00 am **Secretary of State** DOCUMENT # L99316 1. Entity Name 02-23-2004 90027 032 ***150.00 FLORIDA ENGINE REBUILDERS CORP. Principal Place of Business Mailing Address 12500 SW 130 ST 12500 SW 130 ST BAY 13-14 MIAMI FL 33186 BAY 13-14 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0216488 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANCO, CESAR Street Address (P.O. Box Number is Not Acceptable) 3000 SW 102 PL MIAMI FL 33165 PREA 5W 8. The above named engly 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. printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE PD ☐ Addition TITLE **⊠** Delete BLANCO, NOEL NAME NAME BlANCO 42 TERRA 10120 SW 43RD ST. STREET ADDRESS STREET ADDRESS 10960 SW **MIAMI FL 33165** CITY-ST-ZIE CITY-ST-ZIP VD Delete TITLE Change ☐ Addition BLANCO, MARIA A BLANCO STREET ADDRESS 10120 SW 43RD ST. STREET ADDRESS 10960 CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ich 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 elimental 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 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 I hereby certify that the information indicated on this report or supplied the corporation or the receiver. changed, or on an attachmer an address, with all other like empowered SIGNATURE: _>

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