


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M09899</b> 1. Entity Name <b>MIAMI DRIVESHAFT SPECIALISTS, INC.</b>		
Principal Place of Business <b>13760 NW 19 AVE BAY 16 MIAMI, FL 33054 US</b>	Mailing Address <b>13760 NW 19 AVE BAY 16 MIAMI, FL 33054 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>THEIS, PETER 13760 NW 19 AVE SUITE 16 OPA LOCKA, FL 33054</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<b>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.</b>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000337554 04/27/05-80172-013 158.75</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD THEIS, PETER M. 13760 NW 19 AVE. #16 MIAMI, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD CHISHOLM, STEVEN E. 13760 NW 19 AVE. #16 MIAMI, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>		
SIGNATURE: <b>Pat M. Gdai</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-25-05</b> Daytime Phone # <b>305-688-4492</b>