


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90096 042 \*\*\*150.00

**DOCUMENT # M17253**

1. Entity Name  
**TONY'S CARBURATOR INC.**



Principal Place of Business  
**13261 N.W. 11TH TERRACE  
 MIAMI FL 33182  
 US**

Mailing Address  
**P.O. BOX 0847  
 MIAMI FL 33144**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 94-0693**  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

Zip  
**33194**

Country  
**U.S.A.**



1st MOORE CR2E034 (10/04)

4. FEI Number  
**65-0028277**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LLAU, ANTONIO  
 13261 N.W. 11TH TERRACE  
 MIAMI FL 33182**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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: \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LLAU, ANTONIO</b>	
STREET ADDRESS	<b>13261 N.W. 11TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LLAU, MARGOT F</b>	
STREET ADDRESS	<b>13261 N.W. 11TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

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: Antonio Llau **ANTONIO LLAU** 2/17/05 3056384866  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #