

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M51513

FILED
Apr 30, 2004
Secretary of State

Entity Name: QUALITY MUFFLERS, INC.

Current Principal Place of Business:

6440 BIRD ROAD
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

6440 BIRD RD.
MIAMI, FL 33196 US

New Mailing Address:

P.O.BOX 526171
MIAMI, FL 33152 US

FEI Number: 65-0004817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE CABO, ANDRES
6440 BIRD ROAD
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

RESALE, ALADIN
6440 BIRD ROAD
MIAMI, FL 33155 US

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.

SIGNATURE: RESALE ALADIN

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALARESE, CRISTINA
Address: 6440 SW 40 ST
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: CALARESE, MAURO
Address: 6440 SW 40 ST
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CALARESE, CRISTIAN
Address: 6440 SW 40 ST
City-St-Zip: MIAMI, FL 33155

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALARESE CRISTIAN

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date