## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M57039					FILED				
1. Entity Name MCD ACCESSORY OVERHAULS, INC.					04 NOV 22 PM 2: 35				
Principal Place of Business		Mailing Address			TALLAHASSEE, FLORIDA				
2517 NW 74 AVE MIAMI, FL 33122 US		2517 NW 74 AVE Miami, FL 33122 US				TALLAHASSEE, FLORIDAY			
	3,722 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ITII FIBN BIBN 818	li Albii Bibli Bibli		
2. Principal P	ace of Business	3. Mailing Address	Mailing Address						
6990 NW 25 Street Suite, Apt. #, etc.			6990 NW 25 Street Suite, Apt. #, etc.		;	1811 81211 11811 818	it menii mimei midfi	IMME ÎN CAMA	
		oune, Apr. #, etc.			11182004 Chg-P	CR2E0	34 (10/03)		
City & State Miami	FL 33122	City & State  Miami FT. 33	City & Stale Miami, FL 33122					plied For at Applicable	
Zip	Country		Country		59-2840423  5. Certificate of Status Desired		\$8.75 Add	litiona!	
33122	US 6. Name and Address of Current F	33122	_us		7. Name and Address of Nev	- <b>A</b> ,	Fee Required	<u>d</u>	
Name									
MENDEZ, MIKE 2517 NW 74 AVE Street Addr					Michael dress (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33122								
	, and the second		City	6990	0 NW 25 Street				
					ami				
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  State to Append or private game of projection again and the if applicable (NOTE) Projection Again signature project the scientalism.									
Signature, typed or printed name of registered agent and ticle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10.	OFFICERS AND E	DIRECTORS	11.		ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTORS	3 IN 11	
TIFLE	D MENDEZ, MIKE	☐ Delete	TITLE		ector		X Change	Addition	
NAME STREET ADDRESS	2517 NW 74 AVE	NAME STREET ADDRESS	Mendez, Michael 6990 NW 25 Street						
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP		mi, FL 33122				
TITLE NAME	D FERNANDEZ, EDWARD	☐ Delete	TITLE NAME	Dir	ector		Change	Addition	
STREET ADDRESS CHY-ST-ZIP	2517 NW 74 AVE		STREET ADDRESS CITY-ST-ZIP		nandez, Eduaro				
ffflE	MIAMI, FL 33122	☐ Delete	ITILE		0 NW 25 Street mi, FL 33122	<u>-</u>	☐ Change	☐ Addition	
NAME		and border	NAME	]	, 00.22				
STREET ADDRESS City-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	Pre	sident		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	Feri	nandez, Carlos	;		-	
CHY-ST-ZIP			CITY-ST-ZIP		0 NW 25 Street <del>ni, FL 33122</del>				
TITLE NAME		☐ Delete	TITLE NAME		MI, ID 33122		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS		200043	99291	082		
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		11/22/04010			∏∏ ☐ Addition	
NAME		. Detete	NAME				CT Clientige	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	pertify that the information supplied with	this filing does not qualify for the	e exemption sta	ted in Se	otion 119.07(3)(i), Florida Statute	s. I further cer	tify that the in	nformation	
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 trusted 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 an other life empowered.									
(M) Aux 2081									
SIGNATURE:  SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OF DIRECTOR  Davis Devision Phone #									