



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M57039 1. Entity Name MCD ACCESSORY OVERHAULS, INC.				FILED 04 NOV 22 PM 2:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2517 NW 74 AVE MIAMI, FL 33122 US		Mailing Address 2517 NW 74 AVE MIAMI, FL 33122 US			
2. Principal Place of Business 6990 NW 25 Street Suite, Apt. #, etc.		3. Mailing Address 6990 NW 25 Street Suite, Apt. #, etc.			
City & State Miami, FL 33122 Zip Country 33122 US		City & State Miami, FL 33122 Zip Country 33122 US			
4. FEI Number 59-2840423		Applied For <input type="checkbox"/> Not Applicable		11182004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MENDEZ, MIKE 2517 NW 74 AVE MIAMI, FL 33122			
7. Name and Address of New Registered Agent Name Mendez, Michael Street Address (P.O. Box Number is Not Acceptable) 6990 NW 25 Street City Miami FL Zip Code 33122		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MENDEZ, MIKE 2517 NW 74 AVE MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director Mendez, Michael 6990 NW 25 Street Miami, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERNANDEZ, EDWARD 2517 NW 74 AVE MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director Fernandez, Eduardo 6990 NW 25 Street Miami, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Fernandez, Carlos 6990 NW 25 Street Miami, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			11/18/04 305477-3886		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		