


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N38750</b> 1. Entity Name <b>FLORIDA STREET RODS, INC.</b>					
Principal Place of Business <b>7000 NW 108 AVE TAMARAC FL 33321 US</b>				Mailing Address <b>7000 NW 108 AVE TAMARAC FL 33321 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MICHAEL A. LEPURAGE 7000 NW 108 AVE TAMARAC FL 33321</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DPT			<input type="checkbox"/> Delete	
NAME	MICHAEL A LEPURAGE				
STREET ADDRESS	7000 NW 108 AVE				
CITY - ST - ZIP	TAMARAC FL 33321				
TITLE	DVP			<input type="checkbox"/> Delete	
NAME	SIDNEY MORRA				
STREET ADDRESS	1501 NW 73 TERR.				
CITY - ST - ZIP	HOLLYWOOD FL				
TITLE	SD			<input type="checkbox"/> Delete	
NAME	LEPURAGE, ELEANOR				
STREET ADDRESS	7000 NW 108 AVE				
CITY - ST - ZIP	TAMARAC FL 33321				
TITLE	I			<input type="checkbox"/> Delete	
NAME	MORRA, CAROL				
STREET ADDRESS	1501 NW 73 TERR				
CITY - ST - ZIP	HOLLYWOOD FL				
TITLE	SGT			<input type="checkbox"/> Delete	
NAME	LOSICCO, JOHN				
STREET ADDRESS	7000 NW 108 AVE				
CITY - ST - ZIP	TAMARAC FL 33321				
TITLE	D			<input type="checkbox"/> Delete	
NAME	PIAZZA, VINCENT				
STREET ADDRESS	8441 NW 24TH PL.				
CITY - ST - ZIP	PEMBROKE PINES FL 33024				
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 617, 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> <i>Michael A. Lepurage</i> <i>Michael a lepurage</i> <i>2/13/04</i> <i>(954 724 9668)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E037 (11/03)

4. FEI Number **65-0202874** Applied For ☐ Not Applicable ☒

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

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02/17/04-80008-015 61.25