

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38750

FILED
Jan 05, 2005
Secretary of State

Entity Name: FLORIDA STREET RODS, INC.

Current Principal Place of Business:

7000 NW 108 AVE
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

7000 NW 108 AVE
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 65-0202874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL A. LEPURAGE
7000 NW 108 AVE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MICHAEL A LEPURAGE,
Address: 7000 NW 108 AVE
City-St-Zip: TAMARAC, FL 33321

Title: DVP () Delete
Name: SIDNEY MORRA,
Address: 1501 NW 73 TERR.
City-St-Zip: HOLLYWOOD, FL

Title: SD () Delete
Name: LEPARAGE, ELEANOR
Address: 7000 NW 108 AVE
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: MORRA, CAROL
Address: 1501 NW 73 TERR
City-St-Zip: HOLLYWOOD, FL

Title: SGT () Delete
Name: LOSICCO, JOHN
Address: 7000 NW 108 AVE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: PIAZZA, VINCENT
Address: 8441 NW 24TH PL.
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A LEPURAGE

DPT

01/05/2005

Electronic Signature of Signing Officer or Director

Date