2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N38750

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:	LEPURAGE, 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:	LEPURAGE, JOHN	
Address:	7000 NW 108 AVE	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	( ) Delete
Name:	LEPURAGE, CHRISTINE	
Address:	10490 NW 24TH COURT	
City-St-Zip:	SUNRISE, FL 33322	

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 exemption stated in Chapter 119, 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: SIDNEY MORRA DVP 04/21/2009

Electronic Signature of Signing Officer or Director — Date