## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001977

Entity Name: WHEELS OF EXCELLENCE, INC.

FILED May 19, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2680 NW 31 AVENUE LAUDERDALE LAKES, FL 33311 **Current Mailing Address: New Mailing Address:** 2680 NW 31 AVENUE LAUDERDALE LAKES, FL 33311 FEI Number: 65-0718377 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHOMERS, DAVID W 2680 NW 31 AVENUE LAUDERDALE LAKES, FL 33311 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DTS () Change () Addition () Delete SHOMERS, DAVID Name: Name: 4240 NW 36 WAY Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33309 City-St-Zip: Title: DC () Delete Title: () Change () Addition Name: RAYMOND, DANIEL N Name: Address: 4245 NW 52 AVE Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition HUTCHINSON, THOMAS N Name: Name: 5574 SW 7 PLACE Address: Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BOROS, DAVID Name: Address: 4910 SW 11 CIRCLE Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: Title: () Delete () Change () Addition MAIELLO, VINCENT Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DAVID W. SHOMERS DTS 05/19/2004

123 DEERCREEK BLVD #204

DEERFIELD BEACH, FL 33442

Address:

City-St-Zip: