


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000031245 1. Entity Name BRAKE TECHNOLOGY OF AMERICA, INC.	
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Principal Place of Business 9526 MARINERS COVE LN. "THE LANDINGS" FT. MYERS, FL 33919	Mailing Address 9526 MARINERS COVE LN. "THE LANDINGS" FT. MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GOLDBACH, DIETER O 9526 MARINERS COVE LN. "THE LANDINGS" FT. MYERS, FL 33919	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000119886 04/19/04-86116-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDBACH, DIETER O 9526 MARINERS COVE LN. "THE LANDINGS" FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIS, DON 12 CHANTILLY LANE HILTON HEAD ISLAND, SC 29926
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **DONALD E STEIS** **4/12/04** **843-342-5816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #