

**2004 FIDELITY CORPORATION
AMENDED ANNUAL REPORT**

FILED

04 SEP 13 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080794 1. Entity Name SUPER CARS.COM, INC.					
2. Principal Place of Business / 3. Mailing Address 1715 OPA-LOCKA BLVD / 1071 NW LITTLE RIVER DR OPA LOCKA, FL 33054 / MIAMI, FL 33150					
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. Name and Address of Current Registered Agent JOHNSON, MONIQUE 1071 NW LITTLE RIVER DRIVE MIAMI, FL 33150				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Authorized) _____ City _____ State FL Zip Code _____	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. The above named entity is in its statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the owner, and the co-owners of registered agent.					
SIGNATURE _____					
Amended AR is \$61.25		9. Election Campaign Financing Just Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
NAME LAST FIRST MIDDLE DATE OF BIRTH	P LAMBERT, RODNEY 1071 NW LITTLE RIVER DRIVE MIAMI, FL 33150	☐ Deceased	NAME LAST FIRST MIDDLE DATE OF BIRTH	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 100041293821 09/23/04--01049--015 **70.00	
NAME LAST FIRST MIDDLE DATE OF BIRTH	VP ABNEY, EVETTE E 1071 NW LITTLE RIVER DR. MIAMI, FL 33150	☒ Deceased	NAME LAST FIRST MIDDLE DATE OF BIRTH	☐ Deceased	
NAME LAST FIRST MIDDLE DATE OF BIRTH		☐ Deceased	NAME LAST FIRST MIDDLE DATE OF BIRTH	☐ Deceased	
NAME LAST FIRST MIDDLE DATE OF BIRTH		☐ Deceased	NAME LAST FIRST MIDDLE DATE OF BIRTH	☐ Deceased	
NAME LAST FIRST MIDDLE DATE OF BIRTH		☐ Deceased	NAME LAST FIRST MIDDLE DATE OF BIRTH	☐ Deceased	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature and name have the same legal effect as I made under oath; that I am an officer or director of the corporation; the secretary or treasurer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report.					
SIGNATURE: <i>[Signature]</i> 9/09/04 (305) 687-9880					

\$70.00

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.
- Sign report in block 12.
- The fee to file the Amended annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.