## 2004 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## May 17, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P010QQ002214 1. Entity Name FLYCAR COMPANY Principal Place of Business Mailing Address 11130 LAXTON ST. 11130 LAXTON ST. ORLANDO, FL 32824 ORLANDO, FL 32824 No Chg-P 03072003 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3690381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TORO, RUBEN D DO NOT WRITE 7345 SAND LAKE RD STE 204 ORLANDO, FL 32819 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be U00000160677 Trust Fund Contribution. Due by September 8, 2004 Added to Fees 05/17/04-80009-001 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME FERREIRA, WAGNER STREET ADDRESS 11130 LAXTON ST. CHY-SI-ZIP ORLANDO, FL 32824 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TURLE NAME STREET ADDRESS CITY-ST-ZIP THE HAME

12. I hereby certify that the information supplied with this filling 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 of the receiver or trustee employered 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 employered.

all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED