2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2005 8:00 am Secretary of State **DOCUMENT # P01000003858** 01-20-2005 90035 010 ***150.00 A & L ENGINE REBUILDER, INC. Principal Place of Business Mailing Address 10034 NW 80TH AVE 10034 NW 80TH AVE HIALEAH, FL 33016 HIALEAH, FL 33016 = -=-CR2E034 (10/03) No Chg-P---NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1067382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADRIAN COREA, PABLO -DO NOT WRITE 10034 NW 80TH AVE HIALEAH GARDENS, FL 33016 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE ADRIAN COREA, PABLO NAME STREET ADDRESS 10034 NW 80TH AVE CITY-ST-ZIP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-57-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 path; 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 chapter 607 or an attachment with an address, with a primer like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPID ON PRINTED MAILE OF SIGNING OFFICER OR DIRECTOR

1/13/05 (3051) 827, 468

FILED