



# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0340574  
AV

<b>DOCUMENT # P01000018517</b> 1. Entity Name <b>23551 CORPORATION</b>						<b>FILED</b> 03 AUG 21 PM 2:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>2355 NW 30TH STREET</b> <b>OAKLAND PARK FL 33311</b>				Mailing Address <b>2355 NW 30TH STREET</b> <b>OAKLAND PARK FL 33311</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-1096268</b>				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>GALE, PATTI</b> <b>2355 NW 30TH STREET</b> <b>OAKLAND PARK FL 33311</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				FL Zip Code			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D GALE, PATTI</b> <b>2355 NW 30TH STREET</b> <b>OAKLAND PARK FL 33311</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>700022529747</b> <b>08/25/03--01007--002 **150.00</b>			
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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: <b>SIGNATURE</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date				Date			

CR2E034 (10/02)

attachment

#P01000018517

TO: DEPT OF STATE  
FROM: 23551 CORP. 65-1096268  
RE: 2003 UCR

I AM SENDING THIS NOTE TO  
EXPLAIN THE HARDSHIP CONDITION  
FOR THE UCR 2003. MY OLDEST  
DAUGHTER, (CARISTINA) IS A SPECIAL  
NEEDS CHILD, SUFFERED A MASSIVE  
SEIZURE WITH HER MEDICAL NEEDS  
AND MEDICATIONS IN FEB. 2003.

THIS SITUATION CAUSED MULTIPLE  
DOCTOR AND HOSPITAL VISITS BETWEEN  
FEB AND MAY. DURING THIS PERIOD  
I LOST TRACK OF MANY OF THE  
BUSINESS PAPERWORK ISSUES.

I HAVE ENCLOSED A CHECK FOR \$150.00,  
IF THERE ARE ANY QUESTIONS, 954.  
731-3844.

GARY'S AUTOMOTIVE, INC  
2355 N.W. 30 STREET  
OAKLAND PARK, FL 33311

THANK YOU,

GARY GARCIA