

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**


04-29-2004 90335 037 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**14014214**



04222004 Chg-P CR2E034 (10/03)

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # P01000023775</b>  |  |   |   |
| 1. Entity Name<br>O.B.T. AUTO SERVICES, INC   |  |  |   |
| Principal Place of Business<br>1900 S. ORANGE BLOSSOMS TRAIL<br>ORLANDO, FL 32805   |  | Mailing Address<br>1900 S. ORANGE BLOSSOMS TRAIL<br>ORLANDO, FL 32805  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country  | Zip  | Country   |
| 4. FEI Number 20-0208463  |  | Applied For  |   |
| APPLIED FOR   |  | Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent  |   |
| LEIRIAS, CESAR DA SILVA<br>4781 CASON COVE DRIVE, #906<br>ORLANDO, FL 32811-6310  |  | Name<br>LEIRIAS, CESAR DA SILVA<br>Street Address (P.O. Box Number is Not Acceptable)<br>1900 SOUTH ORANGE BLOSSOM TRAIL<br>City<br>ORLANDO FL Zip Code<br>32805 |   |
| 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 _____   |  |  |   |
| #1442/08T<br><b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>LEIRIAS, CESAR DA SILVA<br>4781 CASON COVE DRIVE, #906<br>ORLANDO, FL 32811-6310 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>LEIRIAS, CESAR DA SILVA<br>1900 SOUTH ORANGE BLOSSOM TRAIL<br>ORLANDO - FL 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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: _____  |  | Date: April 27 2004 4078497070   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Daytime Phone #  |   |