


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000068583

1. Entity Name
CONSUMERS AUTO EDGE, INC.



Principal Place of Business Mailing Address

14265 SOUTHWEST 97TH TERRACE **14265 SOUTHWEST 97TH TERRACE**
MIAMI, FL 33186 **MIAMI, FL 33186**



04022004 No Chg-P CR2E034 (10/03)

4. FE Number
65-1120325

5. Certificate of Status Desired **\$8.75** Addtional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

U00000102662
04/05/04-80025-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	AMOROSO, CAROL
STREET ADDRESS	14265 SOUTHWEST 97TH TERRACE
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	V
NAME	SEMINO, DELORES
STREET ADDRESS	14265 SOUTHWEST 97TH TERRACE
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information disclosed on this report or subsequent reports is true and accurate and that my signature shall have the same legal effect as if made under oath by an officer or director of the corporation or the person or persons employed to execute this report as required by Chapter 800, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment to an address, or a other like empowered.

SIGNATURE: *Carol Amoroso* **Carol Amoroso 4-2-04 (305) 542-2886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR