2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90298 043 ***150.00

DOCUMENT # P01000089499

1. Entity Name
MIAMI BASS CAR DEALER, INC.

Principal Place of Business	Mailing Address
17304 WALKER AVENUE SUITE 100 MIAMI FL 33157 US	17304 WALKER AVENUE SUITE 100 MIAMI FL 33157 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
17304 Walker AVE	17304 Walker AVENUE
Suite, Apt. #, etc. 117	Suite, Apt. #, etc. 117
City & State Miami Fla.	City & State Miami Fla
Zip 33157 / Country Dade	Zip 33157 / Country Dade

4. FEI Number 65-1138911 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, GREG
C/O MIAMI: BASS CAR DEALER INC
17304 WALKER AVE SUITE 100
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name Allen Greg.
Street Address (P.O. Box Number is Not Acceptable) c/o Miami Bass car Dealer Inc
17304 Walker Ave Suite 117
City Miami **FL** Zip Code 33157

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] 21 March 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	PSTD	☒ Change ☐ Addition
NAME	ALLEN, GREGORY E		NAME	Allen Gregory E.	
STREET ADDRESS	17304 WALKER AVENUE SUITE 100		STREET ADDRESS	17304 Walker Ave Suite 117	
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	Miami Fla 33157	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 21 March 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #