

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90036 003 ***158.00

DOCUMENT # P01000097466

1. Entity Name

MIAMI AUTOTRONIC AND SPEED WORLD, INC.



Principal Place of Business

2025 W 62TH ST
HIALEAH FL 33016

Mailing Address

11420 SW 28 STREET
MIAMI FL 33165

2. Principal Place of Business

2025 W 62nd Street
Suite, Apt. #, etc.
HIALEAH 33016

3. Mailing Address

2025 W 62nd Street
Suite, Apt. #, etc.
HIALEAH 33016

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33016

Country

USA

Zip

33016

Country

USA

MOORE

CR2E034 (11/03)

4. FEI Number

65-1141788

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLADIN, SAM
1083 SW 142ND PL
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name: SAM ALLADIN
Street Address (P.O. Box Number is Not Acceptable)
2606 HARTWOOD PINES WAY
City: CLERMONT FL Zip Code: 34711

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

Sam Alladin

SAM ALLADIN

2-11-04

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

TITLE: P
NAME: ALLADIN, FAIZUL
STREET ADDRESS: 1083 SW 142ND PL
CITY-ST-ZIP: MIAMI FL 33184

TITLE: S
NAME: ALLADIN, BIBI
STREET ADDRESS: 11420 SW 28 STREET
CITY-ST-ZIP: MIAMI FL 33165

TITLE: VP
NAME: ALLADIN, SAM
STREET ADDRESS: 11420 SW 28TH ST
CITY-ST-ZIP: MIAMI FL 33165

TITLE: OT
NAME: ALLADIN, SHENEZA
STREET ADDRESS: 11420 SW 28 ST.
CITY-ST-ZIP: MIAMI FL 33165

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
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:

Faizul Alladin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04 305 828 6600

Date

Daytime Phone #