


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000101465</b> 1. Entity Name DARE TO DREAM AUTO, INC.	
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Principal Place of Business 245 NORTH CONGRESS AVENUE DELRAY BEACH, FL 33445	Mailing Address 1825 SOUTH POWERLINE ROAD DEERFIELD BEACH, FL 33442
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**DO NOT WRITE IN THIS SPACE**



04172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1146855	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**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000131154  
04/26/04-80144-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CHERTOCH, STEVEN
STREET ADDRESS	245 NORTH CONGRESS AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	STD
NAME	CHERTOCH, STACY R
STREET ADDRESS	245 NORTH CONGRESS AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steven Chertoch*

4-20-04

Date

901-276-4545

Daytime Phone #