


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90344 030 ***150.00

DOCUMENT # P01000114963	
1. Entity Name ATLAS MOTOR COACHES, INC.	

Principal Place of Business 1477 W. GORE ST. ORLANDO, FL 32805	Mailing Address 1477 W. GORE ST. ORLANDO, FL 32805
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14015271



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1477 West Gore St Suite, Apt. #, etc.
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04272004 Chg-P CR2E034 (10/03)

City & State Orlando, FL	City & State Orlando, FL
Zip 32805	Country USA

4. FEI Number 59-3759604	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, JUAN H 495 DUNOON ST. OCEE, FL 34761	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, JUAN H 495 DUNOON ST. OCEE, FL 34761
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1477 W. Gore St Orlando, FL - 32805
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS 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 attachment with my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 407-590-1006

Date Daytime Phone #