
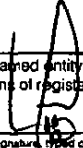
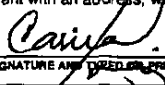


FILED
Mar 10, 2004 8:00 am
Secretary of State

02-24-2004 90002 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000115424			
1. Entity Name XTENDER AUTOMOTIVE CORP.			
Principal Place of Business 6964 NW S ST MIAMI, FL 33126		Mailing Address 6964 NW S ST MIAMI, FL 33126	
2. Principal Place of Business 6966 NW 50th Street Suite, Apt. #, etc.		3. Mailing Address Same as 2. Suite, Apt. #, etc.	
City & State Miami, FL 33166		City & State	
Zip 33166	Country Miami-Dade	Zip	Country
6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A 782 NW 42 AVE STE 637 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Antonio Di Mariana Street Address (P.O. Box Number is Not Acceptable) 6966 NW 50th Street City Miami FL Zip Code 33166	
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: 3/4/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DI MARIANA, ANTONIO 782 NW 42 AVE STE 637 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6966 NW 50th Street Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CARINA 782 NW 42 AVE STE 637 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6966 NW 50th Street Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 807, 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: 		Date: 02/17/04	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66405244



02112004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0590850 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required