

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90004 041 ***150.00

DOCUMENT # P02000003202 1. Entity Name EXHAUST DEPOT DISTRIBUTORS, INC.			
Principal Place of Business 15204 SW 49 ST DAVIE, FL 33331		Mailing Address 6036 SW 35TH ST DAVIE, FL 33314	
2. Principal Place of Business 6310 Hood St. Suite, Apt. #, etc.		3. Mailing Address 6310 Hood St. Suite, Apt. #, etc.	
City & State Hollywood, FL Zip 33024		City & State Hollywood, FL Zip 33024	
Country USA		Country USA	
4. FEI Number 01-0571111		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LEON, HECTOR 15204 SW 42 ST DAVIE, FL 33331		7. Name and Address of New Registered Agent Name Deleon, Hector Street Address (P.O. Box Number is Not Acceptable) 6310 Hood St. City Hollywood FL Zip Code 33024	
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 DATE 7/21/04 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LEON, HECTOR 15201 SW 49 ST DAVIE, FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Deleon, Hector 6310 Hood St. Hollywood, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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		Date 7/21/04 Daytime Phone # (954) 662-7766	