## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 01, 2004 8:00 am Secretary of State **DOCUMENT # P02000012523** 04-01-2004 90036 021 \*\*\*150.00 1. Entity Name OPA LOCKA MUFFLER SHOP, INC. Principal Place of Business Mailing Address MADOM -14700 N.W. 22ND AVE. 14700 N.W. 22ND AVE. OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 Chg-P CR2E034 (10/03) City & State City & State 4. EEI Number Applied For 03-0396620 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ander SANCHEZ, CARLOS M Street Address (P.O. Box Number is Not Acceptable) 13700 N.W. 19 AVE. OPA LOCKA, FL 33054-4211 2 れい iba st Zip Code 33015 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Droident Addition **PSD** TITLE ☐ Delete TITLE SANCHEZ, CARLOS M NAME NAME CAYLOS 13700 N,W. 19TH AVE #1 STREET ADDRESS STREET ADDRESS OPA LOCKA, FL 33054 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NALA: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+SI-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 (dexecute 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 the proposed of the corporation of the receiver of trustee empowered.

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