

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043000

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: FOCUS AUTO CLINIC OF NORTH MIAMI, INC.

## Current Principal Place of Business:

13015 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

13015 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161

## New Mailing Address:

12399 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161

FEI Number: 04-3646426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANCOIS, MAX  
6481 SW 4TH STREET  
PEMBROKE PINES, FL 33023 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FRANCOIS, MAX  
Address: 6481 SW 4TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: V ( ) Delete  
Name: BERGER, WEZ  
Address: 1151 NE 212 TERRACE  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete  
Name: MONTINARD, JEAN F  
Address: 19431 N.W. 77 COURT  
City-St-Zip: MIAMI, FL 33015

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PIERRE-LOUIS, AIBY  
Address: 1385 NE 129 STREET  
City-St-Zip: MIAMI, FL 33161

Title: D (X) Change ( ) Addition  
Name: JEAN-PHILIPPE, JULNER  
Address: 4200 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D ( ) Change (X) Addition  
Name: LAROCHE, YANEL  
Address: 2803 NW 110TH AVENUE  
City-St-Zip: SUNRISE, FL 33322 US

Title: D ( ) Change (X) Addition  
Name: OMIER, MILTON G  
Address: 1960 NW 195TH STREET  
City-St-Zip: OPA LOCKA, FL 33056 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX FRANCOIS

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date