


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000053248</b> 1. Entity Name <b>ULTIMATE SPEED, INC.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR -8 PM 3:30

Principal Place of Business <b>1200 UNIVERSITY BOULEVARD SUITE 101 JUPITER, FL 33458</b>	Mailing Address <b>1200 UNIVERSITY BOULEVARD SUITE 101 JUPITER, FL 33458</b>
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02262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0721182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**ADAMS, MICHAEL B  
1200 UNIVERSITY BLVD,  
SUITE 101  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, MICHAEL B 1200 UNIVERSITY BLVD, SUITE 101 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BERNSTEIN, HAROLD 1200 UNIVERSITY BLVD #101 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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215104 80028 021 150-00

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-04  
Date

561-848-3443  
Daytime Phone #

cell. 561-602-2476

3/8/04