2004 FOR PROFIT CORPORATION

Apr 28, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000055497** SOLID AUTO BROKERS, INC. Principal Place of Business Mailing Address 5934 FUNSTON ST 5934 FUNSTON ST HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 04222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 37-1430910 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE FRIED, RONALD L J.D. 1855 ADAMS STREET IN THIS SPACE HOLLYWOOD, FL 33020 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 little if applicable. (NOTE; Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000136617 OFFICERS AND DIRECTORS 10. 04/28/04-80094-016 158.75 PVST TITLE GUERRA, DORA NAME STREET ADDRESS 961 SW 10 ST MIAMI, FL 33130 CITY-ST-7IP TITLE GUERRA, DORA STREET ADDRESS 961 SW 10ST CITY-ST-ZIP MIAMI, FL 33130 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME 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 empoyered 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 yet an address, with an other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

FILED