
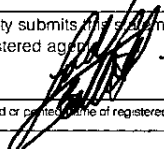
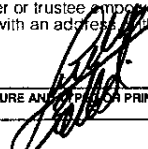


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90014 029 ***150.00

DOCUMENT # P02000055565			
1. Entity Name EMPORIUM CARS INC			
Principal Place of Business 2500 SOUTH PARK RD 2A-3 PEMBROKE PARK, FL 33009		Mailing Address 2500 SOUTH PARK RD 2A-3 PEMBROKE PARK, FL 33009	
2. Principal Place of Business 4701 SW 45TH STREET		3. Mailing Address 15841 PINES BLVD.	
Suite, Apt. #, etc. # 4-20		Suite, Apt. #, etc. # 118	
City & State DAVE FLORIDA		City & State Pembroke Pines, Florida	
Zip 33314	Country U.S.A	Zip 33027	Country U.S.A.
6. Name and Address of Current Registered Agent DI BATTISTA, LUCIANO F 2500 SOUTH PARK RD 2A-3 PEMBROKE PARK, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  LUCIANO Di Battista (PTO) DATE 01/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTO	<input type="checkbox"/> Delete	TITLE 825 N.W. 170 TERR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DI BATTISTA, LUCIANO		NAME PEMBROKE PINES, FL. 33028	
STREET ADDRESS 825 NW 170TH TERR		STREET ADDRESS	
CITY-ST-ZIP HALLANDALE, FL 33009		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 for all other like empowered.			
SIGNATURE:  LUCIANO Di Battista (PTO)		Date 01/25/04 Daytime Phone # 754-4239797	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			