


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90206 037 ***150.00

DOCUMENT # P02000087724	
1. Entity Name THE MECHANIC'S HOUSE, INC.	

Principal Place of Business 10025 WINDING LAKE RD, STE 104 SUNRISE, FL 33351	Mailing Address 10025 WINDING LAKE RD, STE 104 SUNRISE, FL 33351
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24068814




2. Principal Place of Business 4153 SW 47TH AVE Suite, Apt. #, etc. # BAY 148	3. Mailing Address 12265 NW 32 MNR Suite, Apt. #, etc.
City & State DAVIE FL	City & State SUNRISE FL 33323
Zip 33314	Country USA
Zip 33323	Country USA

04292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CASTILHOS, VICTOR B 10025 WINDING LAKE RD, STE 104 SUNRISE, FL 33351	
<i>INCORRECT NAME CHANGE ADDRESS</i>	

7. Name and Address of New Registered Agent Name CASTILHOS, VITOR B Street Address (P.O. Box Number is Not Acceptable) 12265 NW 32 MNR City SUNRISE FL 33323	
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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:  **PRESIDENT** DATE: **04/29/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILHOS, VICTOR B 10025 WINDING LAKE RD, STE 104 SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASTILHOS VITOR B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12265 NW 32 MNR SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **04/29/04** **954-804-2210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VITOR CASTILHOS** Daytime Phone #

*PS.: MY NAME IS: "VITOR" NOT VICTOR.
THANKS!*