


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000100086 1. Entity Name MTA AUTOMOTIVE, INC.	
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Principal Place of Business 5 N.E. 15TH ST. HOMESTEAD, FL 33030	Mailing Address P.O. BOX 901702 HOMESTEAD, FL 33090
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DO NOT WRITE IN THIS SPACE



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4215180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALVARENGA, MARCO 28101 S.W. 152 ST. LOT #163 HOMESTEAD, FL 33033
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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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVARENGA, MARCO T 28101 SW 152ND ST LOT #163 HOMESTEAD, FL 33033
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<p>U00000059251 02/20/04-80074-009 150.00</p> DO NOT WRITE IN THIS SPACE
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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: 	2/18/04	(305) 247-4702
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>