2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2004 8:00 am **DOCUMENT # P02000101555 Secretary of State** B.F.F. AUTO PRODUCTS, INC. 01-29-2004 90021 037 ***150.00 Principal Place of Business Mailing Address 109 SE 9 ST 109 SE 9 ST FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 2. Principal Place of Business \\$20 \$\infty\$ 2 3. Mailing Address 1520 SE Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E034 (10/03) City & State City & State 4. FFI Number Applied For rdale سم 14-1852926 Not Applicable \$8.75 Additional 33316 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent STEVEN FINE, P.A.-Street Address (P.O. Box Number is Not Acceptable 109 SE 9 ST FT LAUDERDALE, FL 33316 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 the obligations of registered agent SIGNATURE... (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete TITLE Change BOBECK, JERRY NAME NAME STREET ADDRESS 15660 KILMARNOCH DR STREET ADDRESS FT MYERS, FL 33912 CITY-ST-7/P CITY+ST-7/P TITLE DS Delete TITLE Change Addition FINE, STEVEN NAME NAME STREET ADDRESS 109 SE 9 ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 quality 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 not 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 trusted 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 paradicless, with all doper like empowered. SIGNATURE:

FILED