

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124715

FILED  
Mar 31, 2004  
Secretary of State

Entity Name: AATIZZN CUSTOM AUTO CREATIONZ, INC.

**Current Principal Place of Business:**

1415 GRAND STREET  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

1415 GRAND STREET  
ORLANDO, FL 32805

**New Mailing Address:**

FEI Number: 51-0436247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ORTIZ, EDGAR  
1415 GRAND STREET  
ORLANDO, FL 32805

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ORTIZ, ROCHELY  
Address: 1415 GRAND STREET  
City-St-Zip: ORLANDO, FL 32805

Title: SVTD ( ) Delete  
Name: ORTIZ, EDGAR  
Address: 1415 GRAND STREET  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDGAR ORTIZ

SVTD

03/31/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date