03-11-2004 90012 040 ***150.00
P02000133621

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 JUN -4 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133621

1. Entity Name
ARAMIS TRUCK CENTER, INC.

Principal Place of Business	Mailing Address
10910 NW 50 RIVER DRIVE MEDLEY, FL 33178	10910 NW 50 RIVER DRIVE MEDLEY, FL 33178

2. Principal Place of Business	3. Mailing Address
17992 S.W. 33 ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FLA.	City & State
Zip: 33029 Country: BROWARD	Zip Country

02272004 Chg-P CR2E034 (10/03)

4. FEI Number: 33-1035796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TEJON, GLADYS
17992 S.W. 33 ST.
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent

Name: ARAMIS R. TEJON
Street Address (P.O. Box Number is Not Acceptable): 17992 SW 33 ST
City: MIRAMAR FL 33029

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: X ARAMIS R. TEJON 3-01-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TEJON, GLADYS 17992 SW 33 ST. MIRAMAR, FL 33029	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TEJON, ELSA 17992 SW 33 ST. MIRAMAR, FL 33029	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TEJON, ARAMIS R 17992 SW 33 ST. MIRAMAR, FL 33029	☐ Delete	TITLE: PD NAME: TEJON ARAMIS R. STREET ADDRESS: 17992 S.W. 33 ST. CITY-ST-ZIP: MIRAMAR, FL 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B.P. MARIA DEL CARMEN TEJON 881 NW 209 CIR. PEMBROKE PINES, FL 33029	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: X ARAMIS R. TEJON 3-01-04 954 433 8303
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #

ICB