

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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P02000133621

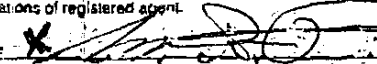
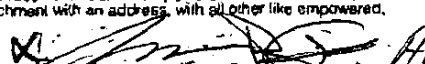
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02272004 Chg-P CR2E034 (10/03)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000133621</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                            |                                                                                                                 |  |                                                                              |
| 1. Entity Name<br><b>ARAMIS TRUCK CENTER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                            |                                                                                                                 |                                                                                   |                                                                              |
| Principal Place of Business<br><b>10910 NW 50 RIVER DRIVE<br/>MEDLEY, FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                            | Mailing Address<br><b>10910 NW 50 RIVER DRIVE<br/>MEDLEY, FL 33178</b>                                          |                                                                                   |                                                                              |
| 2. Principal Place of Business<br><b>17992 S.W. 33 ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | 3. Mailing Address<br><b>SAME</b>          |                                                                                                                 |                                                                                   |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | Suite, Apt. #, etc.                        |                                                                                                                 |                                                                                   |                                                                              |
| City & State<br><b>MIRAMAR, FLA.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | City & State                               |                                                                                                                 | 4. FEI Number<br><b>33-1035796</b>                                                |                                                                              |
| Zip<br><b>33029</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | Country<br><b>BRITAIN</b>                  |                                                                                                                 | Applied For<br>Not Applicable                                                     |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                            |                                                                                                                 |                                                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>TEJON, GLADYS<br/>17992 S.W. 33 ST.<br/>MIRAMAR, FL 33029</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                            | 7. Name and Address of New Registered Agent<br><b>ARAMIS R. TEJON<br/>17992 SW 33 ST<br/>MIRAMAR FL 33029</b>   |                                                                                   |                                                                              |
| 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.<br>SIGNATURE:  <b>ARAMIS R. TEJON</b> DATE: <b>3-01-04</b><br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>                                                                                                             |                                                                       |                                            |                                                                                                                 |                                                                                   |                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                   |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>TEJON, GLADYS<br>17992 SW 33 ST.<br>MIRAMAR, FL 33029           | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>TEJON, ELSA<br>17992 SW 33 ST.<br>MIRAMAR, FL 33029             | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>TEJON, ARAMIS R<br>17992 SW 33 ST.<br>MIRAMAR, FL 33029         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | PD<br>TEJON, ARAMIS R.<br>17992 S.W. 33 ST.<br>MIRAMAR, FL 33029                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BP<br>MARIA DELGARMEN TEJON<br>881 NW 209 CIR.<br>PENSACOLA, FL 33029 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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:  <b>ARAMIS R. TEJON</b> DATE: <b>3-01-04</b> <b>950 433 8303</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                            |                                                                                                                 |                                                                                   |                                                                              |

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