

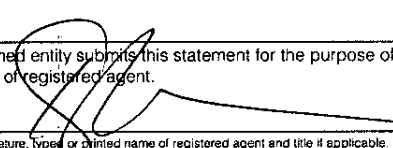



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000011466 1. Entity Name DRAGON WHEELS INC.					
Principal Place of Business 4460 BLOSSOM LANE WESTON, FL 33331				Mailing Address 4460 BLOSSOM LANE WESTON, FL 33331	
2. Principal Place of Business 3110 W. 84 ST. Suite, Apt. #, etc. BAY 6		3. Mailing Address 3110 W. 84 ST. Suite, Apt. #, etc. BAY 6		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold;">04 MAY 24 PM 6:09</div> <div style="text-align: right; font-weight: bold;">5/3/04 90453 015 150.00</div> <div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between;"> 05202004 Chg-P CR2E034 (10/03) </div>	
City & State HALEAH, FL		City & State HALEAH, FL		4. FEI Number 81-0584837	
Zip 33018		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEILMANN, RICARDO 4460 BLOSSOM LANE WESTON, FL 33331				7. Name and Address of New Registered Agent Name ROZENCWAIG & FERRERO - CARR Street Address (P.O. Box Number is Not Acceptable) 301 W. HALLANDALE BEACH BLVD City HALLANDALE BEACH FL Zip Code 33009	
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:  Rosario Ferrero-Carr 5/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$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 BEILMANN, RICARDO 4460 BLOSSOM LANE WESTON, FL 33331	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMOND AGUIAR 3110 W. 84 Street, Bay 6 Hialeah, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUIS ENRIQUE GONZALEZ 3110 W. 84 Street, Bay 6 Hialeah, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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 file 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 an address as indicated.					
SIGNATURE:  Raymond Aguiar May 20 th 2004= <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					