2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

ANNOAL HEPOHI (AII)								- Ton 20 2004 NO.00 AM				
DOCUMENT # P03000028331 1. Entity Name								Jan 28, 2004 08:00 AM Secretary of State				
AZTEC SCOOTER COMPANY							9					
Principal Place of Business				Mailing Address			\neg					
2312 HILL STREET NEW SMYRNA BEACH FL 32169				2312 HILL STREET NEW SMYRNA BEACH FL 32169								
INEW SWITH	INA BEACH	rL 32163	14EAA	SINT RINA BEAU	77 F. J.Z	103		\$ 88 88 88 80 311 6 6 6 8 11111 6 6 111				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt #, etc				Suite, Apt. #, etc.				MOORE CR2E034 (11/03)				
City & State				Orty & State			4.	El Number		F. 3.	oked For I Applicable	
Zip	Country		Zip	Zip Cour		ntry	5. (Certificate of Status Desired	<u> </u>	\$8.75 Add Fee Required		
	and Address of Cur	rent Register	ed Agent		7. Name and Address of New Registered Agent Name							
CACDAC, MANUEL 2312 HILL STREET						Street Address (P.O. Sox Number is Not Acceptable)						
NEW SMYRNA BEACH FL 32169								<u> </u>	·		****	
						City			FI	Zip Code		
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												
	Signature, typed	or printed name of registared		plicable (NO)	R Registers	d Agent signature rec	sared whon re	pinstaung)	DATE		<u>-</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Fir Trust Fund Contribution	٠,		May Be to Fees	
10. OFFICERS AND DIRECTORS							AD	DITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS	SIN II	
TITLE NAME	PCEO	MANUTEI		Detete		E I				Addition Addition		
NAME CACDAC, MANUEL STREET ADDRESS 2312 HILL STREET				NAM Stre				U00000015841 01/28/04-80031-013 158.75				
CITY-ST-ZIP	·	NA BEACH FL 32	169		- ST-ZIP							
TITLE NAME	CFOD CACDAC, MANUEL			☐ Delete 11		•				Change	Addition	
1	\$					ET ADDRESS						
DITY-ST-ZIP NEW SMYRNA BEACH FL 32169						-SI-ZIP						
TETLE NAME				☐ Delete	TITL NAM	1				☐ Change	noisibbA 🔲	
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	ļ				CITY	- ST- ZIP					<u> </u>	
TITLE				Delete	TEEL NAM	}				Change	Addition	
NAME STREET ADDRESS						ET ADDRESS						
CITY - ST - ZIP					CITY	-ST-ZIP				<u>.</u>	<u> </u>	
INTE				☐ Delete	BIR	 				☐ Change	Addition	
NAME STREET ADDRESS					NAM Stri	EET ADDRESS						
CITY-ST-ZIP					4	-ST-ZIP				·		
साध्ह				☐ Delete	TITE	3				☐ Change	Addition	
NAME STREET ADDRESS					MAN STRI	EET ADORESS						
CITY-ST-ZIP						-ST-ZIP						
12. I hereby	certify that the	e information supplied	with this filing	does not qualify for	ene ent v	mption stated in	1 Section	1 19.07(3)(i), Florida Statutes.	l further ce	rtify that the in	formation	
12.1 Netbody certify that the information supplied with this thing boes not quality for the exemption stated in Section (19.07(3)), Florida Statutes. It further certify that the information indicated on this report or supplied with this 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 all address, with all other like empowered.												

MANUEL CACOAC JAN 22, 2004

FILED