


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90016 050 ***150.00

DOCUMENT # P03000040510	
1. Entity Name FLA ELECTRIC & GAS VEHICLES, INC.	

Principal Place of Business 1529 SW 3 ST POMPANO BEACH FL 33606	Mailing Address 1529 SW 3 ST POMPANO BEACH FL 33606
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2. Principal Place of Business 1460 SW 3rd St Suite, Apt. #, etc. C-11	3. Mailing Address Suite, Apt. #, etc.
City & State Pompano FL	City & State
Zip 33069	Country USA



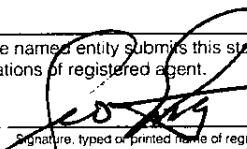
MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent ENGLEHART, GEORGE 1529 SW 3 ST POMPANO BEACH FL 33606	
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4. FEI Number 01 0778711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Engelhardt - George	
Street Address (P.O. Box Number is Not Acceptable) 1460 SW 3rd St Build C-11 City Pompano	
FL	Zip Code 33069

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  **DATE** 3/1/04

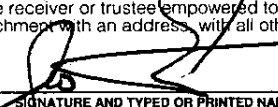
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE DVT	<input type="checkbox"/> Delete
NAME ENGLEHART, GEORGE	
STREET ADDRESS 1529 SW 3 ST	
CITY-ST-ZIP POMPANO BEACH FL 33606	
TITLE DPS	<input type="checkbox"/> Delete
NAME DESTEFANO, DOMINIC	
STREET ADDRESS 1529 SW 3 ST	
CITY-ST-ZIP POMPANO BEACH FL 33606	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **DATE** 3/1/04 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR