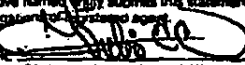
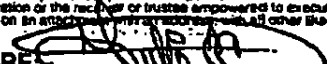


**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90018 030 \*\*\*\*\*9.00  
 02-11-2004 90030 020 \*\*\*\*\*8.75  
 02-26-2004 90012 042 \*\*\*141.25

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT (A)**

|                                                                                                                                                                                                                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>DOCUMENT # P03000041840</b>                                                                                                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| 1. Entity Name<br><b>AMIGOS TRUCK PARTS &amp; TIRE SERVICE, INC.</b>                                                                                                                                                             |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
| Principal Place of Business<br><b>1430 GOLDENGATE BLVD E<br/>NAPLES FL 34120</b>                                                                                                                                                 |                | Mailing Address<br><b>1430 GOLDENGATE BLVD E<br/>NAPLES FL 34120</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |
| 2. Principal Place of Business                                                                                                                                                                                                   |                | 3. Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| Subs. Apt. #, etc.                                                                                                                                                                                                               |                | Subs. Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| City & State                                                                                                                                                                                                                     |                | City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| Zip                                                                                                                                                                                                                              | Country        | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country        |
| 4. Name and Address of Current Registered Agent<br><b>CARBALLEA, JULIO C<br/>1430 GOLDENGATE BLVD E<br/>NAPLES FL 34120</b>                                                                                                      |                | 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| 5. FEI Number<br><b>86-1055042</b>                                                                                                                                                                                               |                | Applied For<br>Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
| 6. Certificate of Status Ousted                                                                                                                                                                                                  |                | 8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| 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 obligation of the registered agent. |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
| SIGNATURE                                                                                                                                       |                | DATE <b>2-6-04</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| FILE NOW! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$150.00<br>Please Check Payable to Florida Department of State                                                                                                       |                | <b>\$141.25 + 9.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
| 9. Election Campaign Financing<br>Trust Fund Contribution                                                                                                                                                                        |                | \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                       |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
| TITLE                                                                                                                                                                                                                            | NAME           | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME           |
| STREET ADDRESS                                                                                                                                                                                                                   | STREET ADDRESS | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS |
| CITY- ST- ZIP                                                                                                                                                                                                                    | CITY- ST- ZIP  | CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITY- ST- ZIP  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                            |                | 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(1), 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 in an attachment to this report as required by Chapter 607, Florida Statutes. |                |
| SIGNATURE                                                                                                                                     |                | DATE <b>2-6-04</b> (239)3524315                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |

check # 1060

check # 1074

FEI NUMBER - 86-1055042