


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90023 045 ***150.00

DOCUMENT # P03000041986	
1. Entity Name ALTAMAR AUTO EXPORT, INC.	

Principal Place of Business 399 F ENTERPRISE ST OCOE, FL 34761	Mailing Address 399 F ENTERPRISE ST OCOE, FL 34761
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24019856



2. Principal Place of Business 8760 Southern Breeze Dr	3. Mailing Address PO Box 1363
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL	City & State Windermere, FL
Zip 32836	Zip 34786
Country Orange	Country Orange

03082004	Chg-P	CR2E034 (10/03)
4. FEI Number 75-3112229	Applied For Not Applied	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
RODRIGUEZ, LUIS A 399 F ENTERPRISE ST OCOE, FL 34761	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] 3/8/04 407-694-9900