

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91013 041 \*\*\*150.00

<b>DOCUMENT # P03000045924</b> 1. Entity Name <b>FRANKIE II AUTO CONSULTING, INC.</b>																																																			
Principal Place of Business <b>17092 COLLINS AVENUE C-602</b> <b>SUNNY ISLES BEACH, FL 33160</b>		Mailing Address <b>17092 COLLINS AVENUE C-602</b> <b>SUNNY ISLES BEACH, FL 33160</b>																																																	
2. Principal Place of Business <b>8180-CLEARY BLVD</b> Suite, Apt. #, etc. <b>VILLA 1803</b>		3. Mailing Address <b>8180-CLEARY BLVD</b> Suite, Apt. #, etc. <b>VILLA 1803</b>																																																	
City & State <b>PLANTATION, FL</b>		City & State <b>PLANTATION, FL</b>																																																	
Zip <b>33324</b>		Zip <b>33324</b>																																																	
Country <b>BROWARD</b>		Country <b>BROWARD</b>																																																	
4. FEI Number <b>14-1881072</b>		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																	
6. Name and Address of Current Registered Agent  <b>TOBIN, RICHARD</b> <b>2929 E. COMMERCIAL BLVD.</b> <b>SUITE 702</b> <b>FORT LAUDERDALE, FL 33308</b>		7. Name and Address of New Registered Agent Name <b>FRANK TESTAGROSSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8180-CLEARY BLVD VILLA 1803</b> City <b>PLANTATION</b> <b>FL</b> Zip Code <b>33324</b>																																																	
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 qualifications of, registered agent. SIGNATURE <b>FRANK TESTAGROSSA</b> (Signature, typed or printed name of registered agent and title if applicable.) DATE <b>2-19-04</b> (NOTE: Registered Agent Signature Required when re-registering)																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <b>D</b>  <b>TESTAGROSSA, FRANK</b>  <b>17092 COLLINS AVENUE C-602</b>  <b>SUNNY ISLES BEACH, FL 33160</b> </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TESTAGROSSA, FRANK</b> <b>17092 COLLINS AVENUE C-602</b> <b>SUNNY ISLES BEACH, FL 33160</b>	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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 it 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: <b>FRANK TESTAGROSSA</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2-19-04</b> Daytime Phone # <b>954-290-5425</b>																																																	

**3404310**

