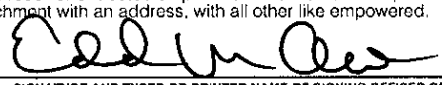


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90320 047 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                     |                                                                                                                                      |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000053900</b><br>1. Entity Name<br><b>THE KIA STORE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                     |                                                                                                                                      |                |  |
| Principal Place of Business<br><b>9001 EAST COLONIAL DRIVE<br/>ORLANDO, FL 32817</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                     | Mailing Address<br><b>9001 EAST COLONIAL DRIVE<br/>ORLANDO, FL 32817</b>                                                             |                                                                                                 |  |
| 2. Principal Place of Business<br><b>3411 W. Colonial Dr</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                                                                      |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                      |                                                                                                 |  |
| City & State<br><b>Orlando, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | City & State                                                                                                        |                                                                                                                                      | 4. FEI Number<br><b>55-0834107</b>                                                              |  |
| Zip<br><b>32808</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Country<br><b>USA</b>                                                                                               |                                                                                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RAX CO.<br/>50 NORTH LAURA STREET<br/>SUITE 3300<br/>JACKSONVILLE, FL 32202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                     |                                                                                                                                      |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                     | <b>President<br/>Carl Atkinson<br/>9001 E. Colonial Dr<br/>Orlando, FL 32817</b>                                                     |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                     | <b>Vice President<br/>Frank Rodriguez<br/>9001 E. Colonial Dr<br/>Orlando, FL 32817</b>                                              |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                     | <b>Treasurer<br/>Edward M. Alden<br/>9001 E. Colonial Dr<br/>Orlando, FL 32817</b>                                                   |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                     | <b>General Manager<br/>Joseph Ross<br/>3411 W. Colonial Dr<br/>Orlando, FL 32808</b>                                                 |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                                 |  |
| 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. |                                 |                                                                                                                     |                                                                                                                                      |                                                                                                 |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                     | <b>4/23/04 407 275 3200</b><br>Date Daytime Phone #                                                                                  |                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                     |                                                                                                                                      |                                                                                                 |  |