

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000056638

FILED
May 02, 2005
Secretary of State

Entity Name: LOWRIDER ENTERPRISES INC.

Current Principal Place of Business:

2201 N W 75 WAY
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

2201 N W 75 WAY
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALMAU, LAURO F MR.
2201 N W 75 WAY
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DALMAU, LAURO F MR
Address: 2725 MARIAH DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: FINK, STEVE J
Address: 1320 N W 97 TERR
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: DALMAU, LAURO F MR
Address: 2725 MARIAH DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: PD (X) Change () Addition
Name: FINK, STEVE J
Address: 1320 N W 97 TERR
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURO F DALMAU

D

05/02/2005

Electronic Signature of Signing Officer or Director

Date