2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90214 014 ***150.00

DOCUMENT # P03000060125
1. Entity Name
CORONA MOTOR CARS, INC.

Principal Place of Business
2666 NE 189TH ST
MIAMI, FL 33180

Mailing Address
2666 NE 189TH ST
MIAMI, FL 33180

02082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5885 COMMERCE LANE		5885 COMMERCE LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SOUTH MIAMI, FLORIDA		City & State: SOUTH MIAMI, FLORIDA	
Zip: 33143	Country: USA	Zip: 33143	Country: USA

4. FEI Number: 33-1059999 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDRADE, RAFAEL
19293 W. DIXIE HIGHWAY
MIAMI, FL 33180

7. Name and Address of New Registered Agent
Name: ANDRADE, RAFAEL
Street Address (P.O. Box Number is Not Acceptable)
5885 COMMERCE LANE
City: SOUTH MIAMI FL Zip Code: 33143

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 [signature] 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	☑ Delete	TITLE	PVST	☑ Change ☐ Addition
NAME	ANDRADE, RAFAEL		NAME	ANDRADE, RAFAEL	
STREET ADDRESS	2666 NE 189TH ST		STREET ADDRESS	5885 COMMERCE LANE	
CITY-ST-ZIP	MIAMI, FL 33180		CITY-ST-ZIP	SOUTH MIAMI, FLORIDA 33143	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: [signature] PRESIDENT 4/27/04 (305)674-8667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #