2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004
Secretary of State

DOCUMENT# P03000102123

Entity Name: MCNP AUTO CARE, INC.

Current Principal Place of Business:

1621 N. DIXIE HIGHWAY
BAY A
POMPANO BEACH, FL 33069

New Principal Place of Business:

1621 N DIXIE HIGHWAY
BAY D
POMPANO BEACH, FL 33069

Current Mailing Address:

1621 N. DIXIE HIGHWAY
BAY A
POMPANO BEACH, FL 33069

New Mailing Address:

1621 N DIXIE HIGHWAY
BAY D
POMPANO BEACH, FL 33069

FEI Number: 20-0238493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILBERTSON, STEPHEN W CPA
2720 E. OAKLAND PARK BLVD.
SUITE 109
FORT LAUDERDALE, FL 33306

Name and Address of New Registered Agent:

GILBERTSON, STEPHEN W CPA
2720 E OAKLAND PARK BLVD
SUITE 109
FORT LAUDERDALE, FL 33306

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: 05/13/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: OLIVEIRA, NARA M
Address: 2222 N CYPRESS BEND DRIVE #505
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NARA M OLIVEIRA PSTD 05/13/2004
Electronic Signature of Signing Officer or Director — Date