

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064614

FILED
Apr 25, 2005
Secretary of State

Entity Name: ADVANCED BRAKE SYSTEMS, INC.

Current Principal Place of Business:

909 GUI SANDO DE AVILA
TAMPA, FL 33613

New Principal Place of Business:

4515 OAK FAIR BLVD
102
TAMPA, FL 33610

Current Mailing Address:

909 GUI SANDO DE AVILA
TAMPA, FL 33613

New Mailing Address:

4515 OAK FAIR BLVD
102
TAMPA, FL 33610

FEI Number: 20-1011432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CLAUER, GARY T MR
4515 OAK FAIR BLVD
102
TAMPA, FL 33610 US

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: GARY T. CLAUER

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: CLAUER, JOSEPH
Address: 909 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CLAUER, JOSEPH J MR
Address: 909 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: DP () Change (X) Addition
Name: DAVIES, EVAN D MR
Address: 1103 OAK RIDGE MANOR DRIVE
City-St-Zip: BRANDON, FL 33511

Title: DVS () Change (X) Addition
Name: CLAUER, GARY T MR
Address: 8245 VASSAR CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: DVT () Change (X) Addition
Name: NEWKIRK, THOMAS R MR
Address: 4943 BAY WAY DRIVE
City-St-Zip: TAMPA, FL 33624

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: GARY T. CLAUER

DVS

04/25/2005

Electronic Signature of Signing Officer or Director

Date