

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90228 029 ***163.75

DOCUMENT # P04000138457
 1. Entity Name
 DEALER MOTOR VEHICLE REBUILT INC



Principal Place of Business Mailing Address
 910 BAY DRIVE EAST 910 BAY DRIVE EAST
 APT 32 APT 32
 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141

50052472



2. Principal Place of Business 3. Mailing Address
 4365 E 10 LN 4365 E 10 LN
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

City & State City & State
 Hialeah FL Hialeah FL

4. FEI Number Applied For
 20-1715250 Not Applicable

Zip Country Zip Country
 33013 U.S.A 33013 U.S.A

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

6. Name and Address of Current Registered Agent
 FONTELA, HECTOR
 910 BAY DRIVE EAST
 APT 32
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONTELA, HECTOR <input type="checkbox"/> Delete 910 BAY DRIVE EAST APT 32 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROUSSALIS, TERESITA M <input type="checkbox"/> Delete 833 NE 3RD AVE MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 an office like empowered.

SIGNATURE: Hector Fontela **Hector Fontela** 5-10-05 305-216-8768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #