2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

Jan 26, 2004 08:00 AM DOCUMENT # P93000000908 **Secretary of State** MASTER CAR INTERNATIONAL, INC. Principal Place of Business Mailing Address 5130 NW 15 STREET PO BOX 2287 POMPANO BCH, FL 33061 MARGATE, FL 33063 US 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0380176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINSOFF, GARY DO NOT WRITE 5130 NW 15 STREET #7 MARGATE, FL 33063 IN THIS SPACE ed 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 SIGNATURE name of registered agent and title if applicable (NOTE Registered Agent algoriture required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WEINSOFF, GARY NAME 5130 NW 15 STREET #7 STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C/TY~ST~ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption state of 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 two 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 shapter 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 ther like empowered.

FILED