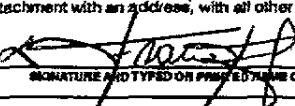


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000021701																																										
1. Entity Name TECHNICAL AUTOMOTIVE CENTER, INC.																																										
Principal Place of Business 4100 DAVIE BLVD FT LAUDERDALE, FL 33317		Mailing Address 4100 DAVIE BLVD FT LAUDERDALE, FL 33317																																								
DO NOT WRITE IN THIS SPACE																																										
04282004 No Chg-P CR2E034 (10/03) 4. FBI Number 65-0399032 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																										
6. Name and Address of Current Registered Agent JUAREZ, FRANCISCO M 4100 DAVIE BLVD FT LAUDERDALE, FL 33317																																										
7. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)) DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee 1000000153866 05/04/04-80135-025 150.00																																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>JUAREZ, FRANCISCO M</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4100 DAVIE BLVD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE, FL 33317</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	P	NAME	JUAREZ, FRANCISCO M	STREET ADDRESS	4100 DAVIE BLVD	CITY-ST-ZIP	FT LAUDERDALE, FL 33317	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-9.07(3)(f), 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 file empowered.																																										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																										