

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P93000052911

1. Entity Name

U.S. AUTOMOTIVE EXPORTERS, INC.



**FILED
Apr 15, 2004 8:00 am
Secretary of State**

04-15-2004 90008 027 ***150.00

54033624



MOORE CR2E034 (11/03)

| | | | |
|--|--|--|--|
| Principal Place of Business | Mailing Address | | |
| 746 NORTHWEST 9TH AVENUE FORT LAUDERDALE FL 33311 | 746 NORTHWEST 9TH AVENUE FORT LAUDERDALE FL 33311 | | |

| | | | |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |

| | | | |
|--------------|--------------|-----|---------|
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | | |
| BROCK, WESLEY B 746 NORTHWEST 9TH AVENUE FORT LAUDERDALE FL 33311 | | | |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | |
|--|--|

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

| | | | |
|----------------------------|-----------------------------------|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROCK, WESLEY B | NAME | |
| STREET ADDRESS | 11750 SOUTHWEST 24TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | DAVIE FL 33325 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROCK DONNA M. | NAME | |
| STREET ADDRESS | 11750 S.W. 24TH ST. | STREET ADDRESS | |
| CITY-ST-ZIP | DAVIE FL 33325 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 all other like empowered.

Donna M. Brock *Donna M. Brock*

SIGNATURE: *Donna M. Brock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

954-463-0225

Date

Daytime Phone #