

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90003 002 \*\*\*150.00

<b>DOCUMENT # P95000053228</b>					
<b>1. Entity Name</b> RAMMARS AUTOMOTIVE, INC.					
<b>Principal Place of Business</b> 4715 NW 72ND AVENUE MIAMI, FL 33166			<b>Mailing Address</b> 4715 NW 72ND AVENUE MIAMI, FL 33166		
<b>2. Principal Place of Business</b> 7957 NW 67TH STREET			<b>3. Mailing Address</b> SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> MIAMI, FLORIDA			<b>City &amp; State</b>		
<b>Zip</b> 33166		<b>Country</b> MIAMI-DADE		<b>4. FEI Number</b> 65-0601277	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LOGAN, RALSTON 4715 NW 72ND AVENUE MIAMI, FL 33166			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 7957 NW 67TH STREET  City MIAMI FL Zip Code 33166		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> LOGAN, RALSTON <b>STREET ADDRESS</b> 4715 NW 72ND AVENUE <b>CITY - ST - ZIP</b> MIAMI, FL 33166	<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> LOGAN, ALESA <b>STREET ADDRESS</b> 4715 NW 72ND AVENUE <b>CITY - ST - ZIP</b> MIAMI, FL 33166		<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> LOGAN, IRIS <b>STREET ADDRESS</b> 4715 NW 72ND AVENUE <b>CITY - ST - ZIP</b> MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> 7957 NW 67TH STREET <b>STREET ADDRESS</b> MIAMI, FL 33166 <b>CITY - ST - ZIP</b>	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Alesa Logan</i> <b>ALESA LOGAN</b>			<b>3/24/04</b> <b>3054777040</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		