


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90036 029 ***158.75

DOCUMENT # P96000033409

1. Entity Name
PRIMARY BRAKE AND FRICTION SERVICE, INC.



Principal Place of Business Mailing Address
837 S.W. 26TH COURT **837 S.W. 26TH COURT**
FT. LAUDERDALE, FL 33315 **FT. LAUDERDALE, FL 33315**

2. Principal Place of Business 3. Mailing Address
5648 Funston Street **5648 Funston Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03092004 Chg-P CR2E034 (10/03)

City & State City & State
Hollywood, Florida **Hollywood, Florida**

Zip Country Zip Country
33023 **Broward** **33023** **Broward**

4. FEI Number Applied For
65-0667257 Not Applicable

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

6. Name and Address of Current Registered Agent
ZEKAN, ROBERT P
837 S.W. 26TH COURT
FT. LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent
 Name
Zekan, Robert P
 Street Address (P.O. Box Number is Not Acceptable)
2624 Gulfstream Lane
 City State Zip Code
Fort Lauderdale, FL 33312

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 **Robert P Zekan** *Robert P. Zekan* DATE **03/09/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D ZEKAN, ROBERT P 837 S.W. 26TH COURT FT. LAUDERDALE, FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEKAN, KATHRYN J 837 S.W. 26TH COURT FT. LAUDERDALE, FL 33315	<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
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	D Zekan, Robert P 2624 Gulfstream Lane Fort Lauderdale, Florida 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zekan, Kathryn J 2624 Gulfstream Lane Fort Lauderdale, Florida 33312	<input checked="" 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
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

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.

SIGNATURE: *Robert P. Zekan* 3/9/04 954-964-0730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR