


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000034271</b> 1. Entity Name HALLANDALE AUTO CARE, INC.	
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Principal Place of Business 99 S.W. 10TH AVENUE, BAY A HALLANDALE, FL 33009	Mailing Address 99 S.W. 10TH AVENUE, BAY A HALLANDALE, FL 33009
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03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2235821	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MARTINEZ, REYNALDO 99 SW 10 AVE HALLANDALE, FL 33009	
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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 file if applicable (NOTE: Registered Agent signature required when rehosting) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	PSTD MARTINEZ, REYNALDO 99 SW 10 AVE BAY A HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, CARIDAD C 2064 WINDWARD CIRCLE WESTON, FL 33326
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	

000000097130  
03/26/04-80026-021 150.00

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: *Reynaldo Martinez* 3/24/04 954-454-9238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #