2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Feb 02, 2004 08:00 AM **DOCUMENT # P96000081842 Secretary of State** 1. Entity Name TNT CHAMPION MOTORS, INC. Principal Place of Business Mailing Address 3030 NE 188 ST 3030 NE 188 ST AVENTURA, FL 33190 US AVENTURA, FL 33190 US 01142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0698483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required S. Name and Address of Current Registered Agent ROMINE, MARIO DO NOT WRITE 19501 BISCAYNE BLVD SUITE 400 IN THIS SPACE AVENTURA, FL 33180 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TOMLINSON, JOHN L NAME STREET ADDRESS 3030 NE 188 ST U00000025793 .02/02/04-80119-024 158.75 AVENTURA, FL 33180 CITY-ST-ZIP TITLE NAME THOMAS, MICHAEL D 3030 NE 188 ST STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of trustee empewered 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 accurate and the empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED