


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90038 041 \*\*\*150.00

<b>DOCUMENT # P97000007448</b>	
1. Entity Name <b>AUTOMATED SUBS CORP.</b>	

Principal Place of Business <b>30328 CORTEZ BLVD. RIDGE MANOR WEST, FL 34602 US</b>	Mailing Address <b>30328 CORTEZ BLVD. RIDGE MANOR WEST, FL 34602 US</b>
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**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3426543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MOLLIKA, FRANK 30328 CORTEZ BLVD BROOKSVILLE, FL 34602</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOLLIKA, FRANK 30328 CORTEZ BLVD. RIDGE MANOR WEST, FL 34602
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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:** Frank Mollica, President 4/8/04 (407) 397-1991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #