2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90121 001 ***900.00

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04042004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000002067

1. Entity Name
AUTO CARE USA OF DELRAY, INC.

Principal Place of Business	Mailing Address
401 SE 5 AVE DELRAY BEACH, FL 33483	401 SE 5 AVE DELRAY BEACH, FL 33483

2. Principal Place of Business	3. Mailing Address
125 N 46 Ave	125 N 46 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

4. FEI Number: 65-0809704 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M
125 N 46 AVE
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P St. Aubin, Robert, Jr 8200 W Sunrise Blvd Sunrise, FL 33322 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Bush, Gene 125 N 46 Avenue Hollywood, FL 33021 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Gene Bush 4/5/04 954-966-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #