MAR-5-2004 04:54 FROM:ACCURATE ACTG 5612660780

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04-23-2004 90262 039 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

24053301

03052004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000033423

1. Entity Name
RENDA MOTORS INC.

Principal Place of Business	Mailing Address
820 NORTH 8TH STREET UNIT #2 LANTANA, FL 33462	820 NORTH 8TH STREET UNIT #2 LANTANA, FL 33462

2. Principal Place of Business / Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address / Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number 65-0911722 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FRASER, DUNCAN CPA
660 LINTON BLVD
STE 207
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent
Name Carlo Renda
Street Address (P.O. Box Number is Not Acceptable) 4049 Bluff Harbour Way
City Wellington FL Zip Code 33467

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 X [signature] Carlo Renda X 4-19-04
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	D RENDA, CARLO 5389 BONKY CT WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENDA, CARLO 4049 BLUFF HARBOUR WAY Wellington, FL 33467	☑ 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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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X [signature] Pres Carlo Renda Pres X 4-19-04 X 561-721-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #