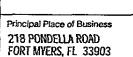
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT	41	200000025	016
DOCUMENT	# 1	_ 220000000	010

1. Entity Name

ALL PRO AUTOMOTIVE, INC.



Mailing Address

218 PONDELLA ROAD FORT MYERS, FL 33903



CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number | Applied For |
65-0914520 | Not Applicable

5. Certificate of Status Desired | \$8.75 Additional |
Fee Required

04282004

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SABO, DANIEL 218 PONDELLA ROAD FORT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE

No Chg-P

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, typod or printed name of registered agent and title	t applicable. (NOTE: Registored	Agent signature	e required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SABO, DANIEL 218 PONDELLA ROAD FORT MYERS, FL 33903				U00000153421		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP					05/04/04-80125-020 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
INTLE NAME STREET ADDRESS CITY-ST-ZIP							
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							