


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000036832</b> 1. Entity Name <b>OSCAR AUTO REPAIR, INC.</b>	
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Principal Place of Business <b>940 S.W. 69TH AVENUE MIAMI, FL 33144</b>	Mailing Address <b>940 S.W. 69TH AVENUE MIAMI, FL 33144</b>
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04222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0912952</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HAROLD, JEROME D 9999 N.E. 2ND AVE. STE. 118 MIAMI SHORES, FL 33138</b>
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**DO NOT WRITE  
IN THIS SPACE**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HAROLD, JEROME D 940 S.W. 69TH AVENUE MIAMI, FL 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PLATON, EDUARDO 743 S WINNING CIRCLE FORT LAUDERDALE, FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>PLATON, ALEJANDRO D DR 16361 SW 10TH ST PEMBROKE PINES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>FUENTES, JOSEFINA 14213 SW 510 ST MIAMI, FL 33125</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000142794  
04/30/04-80065-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *J Fuentes* **4-27-04** **305 266-7770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #