

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90002 024 ***150.00

DOCUMENT # P99000047140

1. Entity Name
DISCOUNT CV JOINTS AND RACK & PINION, INC.



Principal Place of Business
**3151 NORTHWEST 17TH AVENUE
 MIAMI, FL 33142**

Mailing Address
**1240 SW 151 PLACE
 MIAMI, FL 33184**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
8690 Grand Canal Dr
 Suite, Apt. #, etc.

City & State
Miami, FL

4. FEI Number
65-0942831

Applied For
 Not Applicable

Zip
33144

Country
USA

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

02032004 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent

**SIERRA, MARILYS
 3151 NORTHWEST 17TH AVENUE
 MIAMI, FL 33142**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PVST SIERRA, MARILYNS 3151 N.W. 17 AVENUE MIAMI, FL 33142	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Marilyn Sierra Date: 3/2/04 Daytime Phone #: (305) 498-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR