
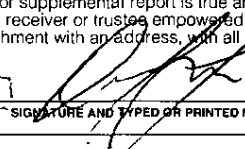


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90395 007 ***150.00

DOCUMENT # P99000087138 1. Entity Name LORIA SELECT MOTORS, INC.		
Principal Place of Business 1249 SEMORAN BLVD., STE. 109 CASSELBERRY, FL 32707	Mailing Address 1249 SEMORAN BLVD., STE. 109 CASSELBERRY, FL 32707	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LORIA, ANTHONY 1249 SEMORAN BLVD., STE. 109 CASSELBERRY, FL 32707		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORIA, ANTHONY 1249 SEMORAN BLVD., STE. 109 CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORIA, DOMINICK 1249 SEMORAN BLVD., STE. 109 CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  DOMINICK LORIA VICE PRESIDENT 4/29/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3607183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**