



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # S01101 1. Entity Name HURRICANE AUTO REPAIR, INC.	
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Principal Place of Business 6340 MANOR LN S MIAMI, FL 33143-4961	Mailing Address 6340 MANOR LN S MIAMI, FL 33143-4961
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DO NOT WRITE IN THIS SPACE

	
07202004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0217826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, NORMAN T. 50 W MASHTA DR SUITE 2 KEY BISCAYNE, FL 33149	DO NOT WRITE IN THIS SPACE
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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 _____

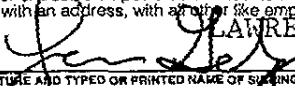
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GABOURY, LAWRENCE 12600 VITRUEDES ST CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, STEVEN L. 14610 SW 66 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/26/04-80006-024 150.00

**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)(b), 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:  **LAWRENCE GABOURY** 7-21-04 (305) 661-7630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #